Predictors of acute diverticulitis

Factores pronósticos en la diverticulitis aguda

Guillermo R. Guevara-Morales^{1*} and Juan C. Castellanos-Juárez²

¹Department of General Surgery; ²Department of Coloproctology. Hospital Regional de Veracruz, Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado, Veracruz, Ver. México

To the editors

We read with interest the work presented by Dr. García-Gómez et al.¹, where the prognostic value of the presence of pericolic free air bubbles detected by computed tomography in acute diverticulitis (AD) is analyzed. We know that the management of AD is controversial, and although their results are quite interesting, we find it relevant to make the following comments:

- Patient follow-up time, surgical re-intervention rate and detailed description of complications are not specified, which we consider important when investigating the prognostic value of a factor in AD.
- In the discussion section, the authors refer to white blood cell values and to the relationship with conservative management success as relevant data; however, their function as predictive factors is not entirely clear. In contrast, there are scores with prognostic significance for DA with peritonitis, such as APACHE II, the Mannheim index, the left colonic Peritonitis Severity Score (PSS) and the Cleveland Clinic Diverticular Disease Propensity Score (DDPS), and even some markers such as C-reactive protein, which are more specific than white blood cell count as a predictor in AD²⁻⁴.

The authors conclude that the presence of pericolic free air bubbles in patients with AD can be considered of prognostic value, which meets the purpose of their study. Multiple factors have been described to be closely related to morbidity and mortality in patients with AD, including ASA surgical risk (American Society of Anesthesiologists physical status classification), evolution time, immune compromise, use of non-steroidal

anti-inflammatory drugs, indication and type of surgery, and the degree of contamination of the procedure, among others, which would allow identifying the risk of the study population and knowing the influence on hospital length of stay, tolerance to the oral route and other study variables⁵.

Finally, we would like to congratulate the authors for the authenticity and the results of their study, hoping that the comments made will be useful in the future in order to validate the usefulness of this tomographic finding in patients with acute colonic diverticulitis.

Conflicts of interest

The authors declare not having any conflicts of interest.

Funding

Funding was provided for by the authors.

References

1. García-Gómez MA, Belmonte-Montes C, Cosme-Reyes C, Preben Aguirre-García M. Valor pronóstico de la presencia de burbujas de aire libre pericólico detectadas por tomografía computada en diverticulitis aguda. *Cir Cir.* 2017;85:471-7.
2. Biondo S, Ramos E, Fraccalvieri D, Kreisler E, Rague JM, Jaurrieta E. Comparative study of left colonic Peritonitis Severity Score and Mannheim Peritonitis Index. *Br J Surg.* 2006;93:616-22.
3. Aydin HN, Tekkis PP, Remzi FH, Constantinides V, Fazio VW. Evaluation of the risk of a nonrestorative resection for the treatment of diverticular disease: The Cleveland Clinic diverticular disease propensity score. *Dis Colon Rectum.* 2006;49:629-39.
4. Tan JPL, Barazanchi AWH, Singh PP, Hill AG, Maccormick AD. Predictors of acute diverticulitis severity: a systematic review. *Int J Surg.* 2016; 26:43-52.
5. Roig JV, Salvador A, Frasson M, Cantos M, Villodre C, Balciscueta Z, et al. Tratamiento quirúrgico de la diverticulitis aguda. Estudio retrospectivo multicéntrico. *Cir Esp.* 2016;94:569-77.

Correspondence:

*Guillermo R. Guevara-Morales
Av. Díaz Mirón esquina Sayula, s/n
Fraccionamiento Moderno
C.P. 91918, Veracruz, Ver., México
E-mail: grobertoguevara@gmail.com

Date of reception: 13-03-2018
Date of acceptance: 21-04-2018
DOI: 10.24875/CIRUE.M18000030

Cir Cir. 2018;86:185
Contents available at PubMed
www.cirugiyacirujanos.com