

## Laparoscopic Treatment of Perforated Diverticulitis with Purulent Peritonitis

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Received: 30 May 2021

Accepted: 10 June 2021

Published: 15 June 2021

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### Citation:

Vilalta FB et al. Laparoscopic Treatment of Perforated Diverticulitis with Purulent Peritonitis. *Video J Surg.* 2021; V1(2): 1-1

### 1. Aims

Perforated diverticulitis with purulent peritonitis (Hinchey III) has traditionally been treated with surgery including colon resection and stoma (Hartmann procedure) with considerable postoperative morbidity and mortality. Laparoscopic lavage has been suggested as a less invasive surgical treatment

### 2. Methods

A 78-year-old woman with a 10-day history of abdominal discomfort exacerbate during the last 48 hours. CT scan showed pneumoperitoneum accompanied by free fluid and a 6 cm collection adjacent to descending colon showing diverticula suggestive of covert perforation. After 48 hours of non-response to medical treatment, associated with the impossibility of percutaneous drainage through interposition of intestinal loops, colon and lumbar vessels, urgent surgical intervention is decided.

### 3. Results

Laparoscopic lavage of all 4 quadrants was performed with saline, 3 L or more, of body temperature, until clear fluid was returned. Two non-suction J-Pratt drains were placed. Intravenous antibiotics were continued for a minimum of 72h, then oral antibiotics were continued for 1 week. Oral fluids were commenced on the first postoperative day and solids were subsequently introduced, depending on clinical progress

### 4. Conclusion

Laparoscopic management is reasonable alternative to the traditional open resection for Hinchey grade II-III perforated diverticulitis with generalized peritonitis. This approach has a low mortality rate despite patient co-morbidity and disease severity. Benefits include stoma avoidance and minimal wound infection. Subsequent elective resection is probably unnecessary and readmission in the medium term is uncommon.