

Abstracts Submitted to the 3rd International Symposium on the Diverticular Disease of the Colon

Complicated diverticulitis mimicking colonic carcinoma: combined approach with endoscopy and budesonide. A case report

Antonio Penna¹, Angela Marinelli², Francesca Laera³

1) Gastroenterology Division, "S. Paolo" Hospital, Bari, Italy; 2) IRCCS "De Bellis" Gastroenterology Hospital, Castellana Grotte (BA), Italy; 3) Biomedical Engineering Post-Graduated Course, Politecnico di Bari, Bari, Italy

A 53-years-old man with history of chronic constipation underwent colonoscopy for abdominal pain and worsening constipation not responding to macrogol. Colonoscopy showed diffuse diverticulosis of the left colon, with sign of inflammation of some sigmoid diverticula, showing also a 3-cm irregular mass located in the sigmoid (score 3 according to DICA). During biopsy sampling due to the suspect of colonic carcinoma, pus and bleeding came out from the lesion. After lavage, a large diverticulum with visible vessel was found at the bottom of the diverticulum, which was clipped with stopping bleeding. The patient was therefore hospitalized. At admission, no leukocytosis was found, ESR was 80 mm/1h (n.v. ≤ 10 mm/1h), CRP was 64 mg/l (n.v. ≤ 5 mg/l), and fecal calprotectin was 320 mg/Kg (n.v. ≤ 50 mg/Kg). An abdominal CT scan was also performed, with detection of thickening of the colonic wall in the sigmoid-descending colon, with peri-sigmoid fat standing but without abscesses. He was treated with mesalazine 2.4 grams/day and metronidazole 1.5 grams/day with rapid resolution of abdominal pain and discharging after 4 days.

At discharging, patient was treated with budesonide MMX 9 mg/day plus mesalazine 2.4 grams/day for 4 weeks, followed by budesonide MMX 9 mg/ every other day plus mesalazine 2.4 grams/day for further 4 weeks. At that time, ESR dropped to 18 mm/1h, CRP to 5 mg/l (n.v. ≤ 5 mg/l), and fecal calprotectin to 80 mg/Kg (n.v. ≤ 50 mg/Kg). Second colonoscopy showed no sign of diverticular inflammation. The recommended treatment was mesalazine 2.4 grams/day, rifaximin 800 mg/day for 10 days/month and VSL#3 1 bag/day for 10 days/month, and at 6 month follow-up he had regular bowel habit and no abdominal pain.

This case report describes the combined approach with endoscopic treatment and budesonide MMX for complicated diverticular disease, similar to that occurs in the management of inflammatory bowel diseases.

Evaluation of curcumin in the treatment of symptomatic uncomplicated diverticular disease

Mauro Bafutto¹, Daniel Cherubin¹, Marcus Vinícius Cruvinel Dionis¹, Paulo Henrique de Franco Alcântara¹, Enio Chaves de Oliveira², Joffre Rezende Filho¹

1) Instituto Goiano de Gastroenterologia e Endoscopia Digestiva Ltda, Rua 246, 25 - Setor Coimbra, Goiânia, Goiás, Brazil; 2) Hospital Ortopédico de Goiania (St Aeroporto), Av. L, Goiânia, Goiás, Brazil

Background & Aim: Diverticular disease (DD) is one of the most prevalent gastrointestinal disorders in western countries. Symptomatic uncomplicated diverticular disease (SUDD) is the most common clinical form of symptomatic diverticular disease. Intestinal low-grade inflammation may play a role in the pathophysiology of this condition. Curcumin has anti-inflammatory and anti-oxidative properties. To date, there are no studies evaluating the effect of curcumin on the SUDD treatment. We aimed to evaluate the effects of curcumin in SUDD patients.

Methods: Twelve patients with SUDD were included. The mean age was 70.3 years, ranging from 60 to 77 years, and 75% were female. All patients answered a symptoms questionnaire and had a fecal calprotectin (FC) dosage before and after treatment. The patients were treated with 2g/day of curcumin (1g b.i.d) during 30 days. The symptom scores and calprotectin levels were compared.

Results: Compared to baseline (mean \pm SD x mean \pm SD), there was a statistically significant reduction of abdominal pain intensity (6.25 \pm 2.99 x 0.83 \pm 1.27) (p=0.02); and in frequency of abdominal distension (3.50 \pm 2.65 x 0.25 \pm 0.87) (p<0.001). Total remission of the abdominal pain was reported

by 75% of patients. The number of patients complaining of flatulence reduced and an improvement of fecal consistency was observed. The FC levels at the end of treatment decreased in all patients compared to baseline (113.1 ± 91.9 x 46.7 ± 72.7) ($p=0.02$). No adverse events were reported.

Conclusion: The use of curcumin reduced symptoms and FC levels in patients with SUDD. These initial results support further larger controlled studies on the use of curcumin in SUDD.

Factors associated with severity of diverticular disease of the colon: a real-life case-control study

Alessandra Violi¹, Marilisa Franceschi², Antonio Ferronato², Ginevra Cambie³, Chiara Miraglia¹, Antonio Nouvenne¹, Giovanni Brandimarte³, Walter Elisei⁴, Marcello Picchio⁵, Francesco Di Mario¹, Antonio Tursi⁶

1) Department of Medicine and Surgery, Gastroenterology Unit, University of Parma, Parma, Italy; 2) Digestive Endoscopy Unit, ULSS7 Alto Vicentino, Santorso (VI), Italy; 3) Division of Internal Medicine and Gastroenterology, "Cristo Re" Hospital, Rome, Italy; 4) Division of Gastroenterology, ASL RM6, Albano Laziale (Rome), Italy; 5) Division of Surgery, "P. Colombo" Hospital, ASL RM6, Velletri (Rome), Italy; 6) Territorial Gastroenterology Service, ASL BAT, Andria (BT), Italy

Background & Aim: Several factors have been associated with the occurrence and recurrence of acute diverticulitis, but no studies have investigated which factors are associated with the severity of diverticular disease. The aim of this study

was to assess which factors are associated with the severity of diverticular disease analyzing a real-life population.

Methods: The study was conducted in the Azienda Unitaria Locale Socio-Sanitaria (AULSS) 7 "Pedemontana" (Veneto region), Italy. A cohort of patients undergoing to colonoscopy from 1st January 2012 to 30th April 2018 were retrospectively revised. The endoscopic severity of the disease was scored according to DICA classification. Patients <18 years, or having prior history of colonic surgery, or did not give written informed consent at the time of colonoscopy were excluded.

Results: A cohort of 11,086 patients were identified during the study period, 5,635 with and 5,451 without diverticulosis. Both blood hypertension and diabetes occurred more frequently in the study group. The prevalence of colon cancer was 1.8% in the study group and 4.9% in the control group. Concomitant therapy with Angiotensin Receptor Blockers was significantly more present in the study group. Abdominal pain, was the most frequent symptoms reported in the study group and rectal bleeding in the control group. At multiple logistic regression analysis age >70 years, BMI >30 and blood hypertension were factors independently related to the presence of colon diverticula, while diabetes and colon cancer were significantly associated with the absence of colon diverticula.

Subdivided according to DICA classification, female sex, age, smoke, appendectomy and assumption of proton-pump inhibitors and acetyl-salicylic acid are significantly related with the severity of the DICA score. Family history for neoplasms and presence of colon polyps are factors inversely related with the severity of the disease. At multiple logistic regression female sex, age >70 years, and smoke were significantly related to the severity of the disease. Family history for neoplasms and polyps were significantly less present in DICA 3 patients.

Conclusions: Several factors were associated with the severity of the disease, some of them inversely that expected.