Classification of contamination

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The degree of infection has a major impact on outcome in acute diverticulitis. Patients with inflammatory masses have a lower mortality than those with perforation (3% versus 33%). Classification systems have been developed for complicated diverticulitis to try to rationalise the literature, the most - commonly used being the Hinchey classification (Table 77.2). Haemorrhage from colonic diverticula is typically painless and profuse. Bleeding from the sigmoid will be bright red with ery y Western diseases were rare in Africa as a result of diet and

TABLE 77.2 Hinchey classi /f_i cation of complicated diverticulitis. Grade I Mesenteric or pericolic abscess Grade II Pelvic abscess Grade III Purulent peritonitis Grade IV Faecal peritonitis

bleeding is fortunately rare and, in fact, more commonly due to angiodysplasia, but diverticular bleeding may persist or recur, requiring transfusion and resection. The presentation of a fistula resulting from diverticular disease depends on the site. The most common colovesical fistula results in recurrent urinary tract infections and pneumaturia (flatus in the urine) or even faeces in the urine. Colovaginal fistulae are more com mon after hysterectomy . Colocutaneous fistulation is unusual in the absence of prior intervention (e.g. radiological drainage). Rarely , diverticular disease may perforate into the r etroperito neum, leading to a psoas abscess, and even fistulation to the groin.

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