



Pericolic or paracolice? The right word in the right place for acute diverticulitis

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Key Point

- The term “pericolice” is wrongly used to describe an abscess adjacent to the colon in patients with acute diverticulitis. We explain why the proper term is the word “paracolice.”

The definition “pericolice abscess” is an established term in the English medical literature (both British and American) with the intent to describe an abscess that is situated at the side of the large bowel. Such an abscess does not encircle the colon but it is adjacent to it (Fig. 1), and corresponds to the grade Ib of the Hinchey classification modified according to Wasvary et al [1] for patients with acute diverticulitis. As a matter of fact, the term “pericolice” is encountered extensively also in papers reporting accepted standards of care, such as guidelines, clinical recommendations, and peer reviews, for the description of abscesses that correspond to the modified Hinchey stage Ib [2, 3].

With this communication, we would like to call the attention to the correct term for a Hinchey Ib abscess which is “paracolice.” According to its Greek etymology, the prefix “para-” in a compound word denotes something that is situated alongside or adjacent a structure, a place, or a person, or to

a very close proximity [4–6]. Therefore, when “para-” is used as a prefix to the word “colice,” it refers to a structure that is adjacent to the colon. Instead, the prefix “peri-” denotes encircling or surrounding. Therefore, “pericolice” is a structure that encircles or surrounds the greater part of the perimeter of the colon [4]. In the case of acute diverticulitis, the word “pericolice” is not applicable for a well-localized (adjacent to the colon) structure such as an abscess, but it corresponds to peritonitis which is a diffuse infected collection that surrounds the colon. The words “peri” and “para” are also used as single words or as part of compound words with various further meanings [4–6]. These are out of the scope of the present communication as they are unrelated to the description of location or extension.

Proper use of the terms mentioned above provides accurate description of the anatomic extension of the infective process, which in turn may affect therapeutic decisions. A diffuse pericolice collection of pus or feces surrounds almost entirely the colon in patients with acute diverticulitis, as the mesenteric side is spared. This kind of collection extends beyond the pericolice area towards the abdomen or pelvis; therefore, it corresponds to free peritonitis (modified Hinchey stages III or IV for purulent and fecal peritonitis respectively) which requires surgery [3]. Instead, a localized paracolice pus collection is less extensive as it refers to a circumscribed abscess that is situated at the side of the colon (paracolice abscess, modified Hinchey stage Ib). The location of a paracolice abscess may be intra- or extra-mesenteric, and in most cases, it may be cured with antibiotics alone or—if larger—with percutaneous drainage [3].

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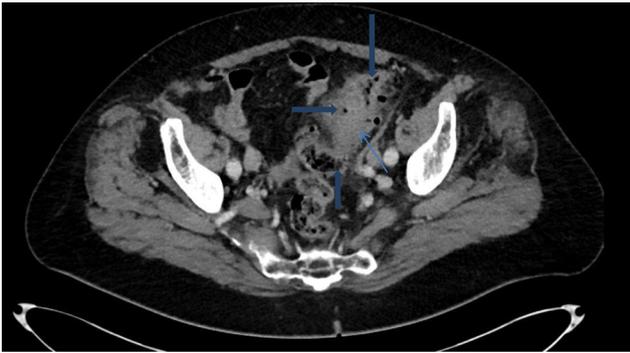


Fig. 1 Paracolic abscess situated medially to the sigmoid colon (right headed arrow) in a patient with acute diverticulitis. A segment of the colon is stenotic with thickened walls due to acute inflammation (oblique arrow). The colonic lumen proximally and distally to the stenosis is shown with the perpendicular arrows

Therefore, with this documentation, we would like to support the use of the term paracolic—instead of pericolic—for and abscess situated adjacent to the colon, as proper terminology is rarely encountered in medical literature [7].

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Compliance with ethical standards

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