

Letter to the Editor: Perforated Diverticulitis with Generalized Peritonitis: Low Stoma Rate Using a “Damage Control Strategy”

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Published online: 24 January 2019
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Dear Editor,

With great interest, we read the article of Sohn et al. [1], which focuses on a damage control strategy for the management of perforated diverticulitis with generalized peritonitis. The authors conclude that damage control surgery is a good choice for the surgical treatment of perforated diverticulitis with peritonitis.

This study presents two important limitations. First, all patients of the study underwent damage control surgery without considering the clinical conditions and other therapeutic choices of the patients. The second limitation is the lack of using a control group to which to compare the results in patients who underwent the Hartmann procedure or primary resection and anastomosis with patients who underwent the damage control strategy. Because of the lack of evidence for the management of acute left-sided colonic diverticulitis in the literature, the World Society for Emergency Surgery (WSES) working group published guidelines for the diagnosis and treatment of this disease in the emergency setting. WSES guidelines advise Hartmann resection for the management of diffuse peritonitis in

patients in a critical condition or with multiple comorbidities and primary resection with anastomosis in healthy patients without comorbidities (Recommendation 1B). The damage control strategy could be a good therapeutic choice for unstable patients who cannot undergo immediate complex surgical operation (Recommendation 1B) [2]. In this scenario, the first therapeutic choice for the management of severe acute left-sided colonic diverticulitis with general peritonitis is primary resection and anastomosis, which represents a safe alternative to the traditional multistage procedure in healthy patients. WSES guidelines also highlight the importance of the Hartmann procedure in patients with comorbidities or in a critical condition. In effect, damage control surgery cannot be considered the gold standard for the treatment of acute diverticulitis with generalized peritonitis because it represents a secondary therapeutic choice for patients who have a clinically critical condition, such as severe sepsis or septic shock.

The Hartmann procedure is the most common surgical treatment for left-sided colonic disease in cases of emergency, and although many patients, especially old patients with a poor clinical condition, remain with a permanent stoma and have a high risk of morbidity from Hartmann reversal, it remains the primary choice for the treatment of patients in critical condition. This is because it is safe, effective, easy to perform and lifesaving. Furthermore, Hartmann reversal can be achieved by laparoscopy when possible, and this can add to its safety for the patient [3].

Compliance with ethical standards

Conflict of interest The author declares he has no conflict of interest.

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