

HUGE SINGLE SIGMOID COLON DIVERTICULUM

(A Case Report)

by

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Introduction

Rare gastrointestinal pathology is sometimes mistaken as a gynaecological problem. The following case report is an appropriate example.

Case Report

S.B. 6 years old single woman was admitted for painful lump over right lower abdomen, gradually increasing in size for last 2 years.

Menstrual history—Menarche 16 years,—cycle Regular—L.M.P.—10-3-82.

An intra abdominal irregular, hard, tender lump occupying right half of abdomen was felt. Margins were well defined except the lower border which appeared to be lost deep in pelvis. The swelling was partly mobile from side to side.

Uterus was R.V., normal size, mobile. Vague lower pole of the swelling could be felt through the right fornix. Other fornices were clear.

Investigations

Blood—Hb%—72% (10.4 G%). X-ray abdomen P.A. + Lat—N.A.D.

Exploratory laparotomy was done through right paramedial incision. Uterus and both adnaxae were absolutely healthy and free from the tumour mass. Both kidneys were normal.

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Entire alimentary tract from stomach down to sigmoid colon was normal and free from the tumour. On retracting the intestines the huge tumour mass found to be situated between the layers of the mesentery. After dividing the peritoneal cover anterior to the tumour its surface came into view. By blunt and sharp dissection the upper end of the tumour could be made free almost from the region of under surface of liver. Similarly, the posterior and lateral surfaces of the tumour were made free and entire huge tumour mass (10" x 6") was delivered through the abdominal wound except its lower pole which appeared to end suddenly in a narrow hard stalk which was going deep into pelvis. On gentle dissection and mobilisation the pedicle was found to run beneath the mesentery of pelvic colon and end at the wall of the sigmoid colon. A very small nick was made at the middle of the stalk. Faecal material came out. It was a single diverticulum of pelvic colon. The pedicle and the huge mass was resected from the sigmoid colon attachment. Abdominal stitches were removed on 8th day and the patient was discharged on 10th day with uneventful recovery.

Discussion

Diverticulum of pelvic colon usually occurs as a result of protrusion of mucous membrane through the muscularis at the site of blood vessel entry. Regular collection of little faecal matter resulted in huge distention of diverticulum gradually and a palpable swelling for last 2 years.