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### Outcomes of Percutaneous Drainage Without Surgery for Patients With Diverticular Abscess

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#### Abstract:

BACKGROUND: Data on percutaneous drainage followed by observation for diverticular abscess is scant.

OBJECTIVE: The aim of this study is to assess outcomes of percutaneous drainage alone in the management of peridiverticular abscess.

DESIGN: This is a retrospective study from a prospectively collected database.

SETTING: This study was conducted in a high-volume, specialized colorectal surgery unit.

PATIENTS: All patients with a diverticular abscess of at least 3 cm in diameter, treated between 2001 and 2012, who had prohibitive comorbidities or refused surgery after percutaneous drainage were included.

MAIN OUTCOME MEASURES: The primary outcome measured was the treatment of diverticular abscess with percutaneous drainage alone.

RESULTS: A total of 18 patients (11 surgery refusal, 7 comorbidity) were followed up until death, surgery for recurrent diverticulitis, or for a median of 90 (17-139) months. The median abscess size was 5 (3.8-10) cm, and the location was pelvic in 8 cases and intra-abdominal in 10. The mean duration of drainage was 20 1.3 days, with the exception of 2 patients who only had aspiration of the abscess because of technical difficulty in drain placement. Three patients died of preexisting comorbidities between 2 and 8 months after percutaneous drainage. Seven of the surviving patients (7/15) experienced recurrent diverticulitis; 3 of these patients underwent surgery between 7 months and 7 years after the index percutaneous drainage. Of the remaining 4 cases of recurrence, one abscess was treated with repeat percutaneous drainage alone and 3 patients had

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