

# Acute Diverticulitis in a 19 yr. Old Native American Male

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## Abstract

Diverticulosis, most commonly described as a disease afflicting elderly patients, is believed to be a consequence of prolonged increased intracolonic luminal pressure with mucosal herniations occurring at arterial branch points. Recent reports indicate an increasing incidence of diverticular disease in younger patients accustomed to a westernized diet. The native american population has traditionally been relatively free of diverticular disease, however, this subgroup may be experiencing a shift in disease onset based upon dietary influences. Presented is a case of acute diverticulitis of the sigmoid colon in a nineteen year old native american male.

## CASE REPORT

An obese, nineteen year old, Native American male (BMI 43.1kg/m<sup>2</sup>) presented with a one day history of crampy abdominal pain, diarrhea, and a temperature of 38.3(C. Physical exam revealed voluntary guarding of bilateral lower quadrants. The patient was diagnosed with gastroenteritis and treated conservatively with clear liquids, antacids, and Tylenol (r) with codiene. Three days later, he returned with colicky abdominal pain localized to the left lower quadrant, and a temperature of 38.6(C. A fullness of the left lower quadrant was noted with an associated psoas sign and a guaiac negative rectal exam. Laboratory studies were significant for a leukocytosis of 19,000. Standard radiographs of the abdomen were non-specific. He was admitted with a presumptive diagnosis of diverticulitis. Aggressive fluid resuscitation, broad spectrum antibiotics, and bowel rest with peripheral parental nutrition were initiated.

Computerized tomography of the abdomen and pelvis exhibited inflammatory changes of the sigmoid colon with an associated phlegmon [See Figures 1 & 2]. Resolution of the patient's symptoms occurred after one week. Nonetheless, his white blood cell count rose to 20,400. Barium enema revealed narrowing of the sigmoid colon, a single diverticulum, and extravasation of contrast [See Figure 3].

## Figure 1

Figure 1 & 2: Computerized tomography of the abdomen and pelvis with inflammatory changes of the sigmoid colon





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