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PREDICTIVE VALUE OF THE DIVERTICULAR INFLAMMATION AND COMPLICATION ASSESSMENT (DICA) ENDOSCOPIC CLASSIFICATION ON THE OUTCOME OF DIVERTICULAR DISEASE OF THE COLON: AN INTERNATIONAL STUDY

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Diverticulosis of the colon is the most frequent structural alteration of the colon diagnosed at colonoscopy. It describes the presence of diverticula without any endoscopic sign of inflammation or clinical symptom and it becomes 'diverticular disease' (DD), if symptoms develop. DD of the colon is not only a growing clinical problem for national health systems since its prevalence is high in developed countries, but also it is increasing in countries where it was thought to be lower. To date, there is no consensus about the proper classification of DD. Some classifications are based on imaging, i.e. appearance of the disease at abdominal computerized tomography (CT) (e.g. Buckey, Ambrosetti or Hinchey's modified classification). Other classifications focus on clinical features of DD (e.g. the classification of the Scientific Committee of the European Association for Endoscopic Surgery, Sheth classification and, in particular, the Hansen-Stock classification which is widely used in northern Europe). An endoscopic classification of diverticulosis and DD has only been developed recently. This is surprising if we consider the high number of colonoscopies performed worldwide, that diverticulosis is the most frequently recognized alteration at colonoscopy and that endoscopic signs of diverticular inflammation are found in 0.48–1.7% of patients undergoing colonoscopy. Furthermore, some characteristics of the colon harboring diverticula have already been identified as predictive of the outcome of the disease. For example, radiology has shown diverticulosis extension as one of the strongest predictors of recurrence of diverticulitis. However, little is known whether specific endoscopic findings are able to influence the outcome of DD, and patients may differ from each other. For example, having scattered sigmoid diverticula may be different from having diffuse diverticulosis and rigidity of

the colon at inflation, but whether this difference has a prognostic significance is little known. We recently implemented and validated a more specific endoscopic classification of DD of the colon: Diverticular Inflammation and Complication Assessment (DICA). DICA classification takes into account few endoscopic findings of the colon with diverticula and hopefully DICA will better predict the course of the disease. In a first retrospective analysis examining the outcome of DD according to DICA classification, DICA 2 score was associated with a higher risk of diverticulitis and DD recurrence than DICA 1 score. The study, however, was limited by the scant number of patients enrolled and by the absence of cases with the DICA 3 score, the most severe score. Thus, we sought to perform a larger retrospective study on the predictive role of all DICA scores.

Biography

Ricardo Escalante studied medicine at the Universidad de Los Andes 1979. Postgraduate in General Surgery at the Military Hospital "Dr. Arlos Arvelo" UCV 1984. Postgraduate of Coloproctologist Surgeon of the Federal University of São Paulo, Brazil. Marketing Specialist UCV. Master's Degree in Health Management IESA. He entered the MCP in 1987 and graduated in 1994. He started as an intern in the Military Hospital "Dr. Carlos Arvelo" until becoming Deputy Surgery Service and Emergency Head of Adults, doing teaching activity in the Postgraduate Surgery attached to the UCV. He is the President of the Venezuelan Society of Coloproctology. Currently he is Director of the International Advisory Committee of the International Society of University Colon & Rectal Surgeons. Entered as Lieutenant and arrived to Colonel of the Army Force of Venezuela, retired in 2005.

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