Acute Solitary Diverticulitis of the Transverse Colon in a Child
Report of a Case

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Solitary colonic diverticula are rare. Most have been described in the cecum or ascending colon. Solitary diverticula of the transverse colon are extremely rare, and there are only a few reports in the English medical literature, all occurring in adulthood. This paper reports the case of a 13-year-old girl with a solitary, true diverticulum of the transverse colon, presenting as acute diverticulitis. [Key words: Diverticulum, solitary; Transverse colon]

Report of a Case

A 13-year-old girl presented with a one-day history of nausea, and central abdominal pain radiating to the right upper quadrant. There was no past history of illness. In the family history, however, an aunt had undergone a difficult appendectomy because of a "high lying appendix." On examination, the patient was flushed, with pulse 120 bpm and temperature 101.4°F. There was abdominal tenderness and guarding in the right upper quadrant, with no palpable masses and normal bowel sounds. Rectal examination was normal. The differential diagnosis was acute appendicitis in an incompletely descended appendix, or acute cholecystitis. The white cell count was $18.5 \times 10^9/\text{l}$; abdominal ultrasound revealed no abnormalities in the biliary system, pancreas, spleen, or kidneys.

At laparotomy through a right paramedian incision, there was a mass, 10 cm in diameter, in the transverse mesocolon 15 cm distal to the hepatic flexure. The mass was adjacent to, and appeared to be arising from, the transverse colon. The appendix was normal, and no other abnormalities were found on thorough exploration. The operative diagnosis was an inflammatory mass (possibly secondary to foreign body perforation) or a tumor (possibly lymphoma). A right hemicolec-tomy, with two-layer ileocolic anastomosis, was carried out, from which the patient recovered uneventfully.

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Discussion

Diverticulitis secondary to a solitary colonic diverticulum is uncommon, nearly all cases being recorded in the cecum or ascending colon. Solitary diverticulitis in the transverse colon is extremely rare. While about 20 case reports of transverse colonic diverticulitis occur in the English medical literature, more than half of these are associated with the presence of diverticula elsewhere in the colon. There appear to be no more than six cases of solitary transverse colonic diverticulitis documented in the English medical literature. All have occurred in adults between 32 and 63 years of age. As far as the author knows, there has been no case reported of solitary transverse diverticulitis occurring in a child. Diverticulitis in other areas is also rare in children. Halata et al. were able to find only 12 reports of diverticulitis in the last 50 years in patients under 21 years of age. In the study of Ouriel and Schwartz, of 4675 cases of diverticulitis reviewed, only one patient was under 20 years of age. Right-sided diverticulitis is more common in Orientals than caucasians, and occurs at a younger age. In a selected series, Tan et
Pieterse et al.⁵ suggest that solitary diverticula may be of three types: acquired, secondary to muscular or fibrous defects in the colonic wall or, very rarely, true congenital diverticula, composed of all layers of the bowel wall. The present case appears to be a true, probably congenital, colonic diverticulum.

Most cases of transverse and right-sided diverticulitis are misdiagnosed as appendicitis, and proceed to attempted appendectomy through a right lower quadrant incision. When the appendix is seen to be normal, and other pathology is found that cannot be adequately dealt with through an extension of this incision, the incision should be closed and a suitable incision made. Preoperative sus-