Controversies abound upon the optimal surgical management in non-complicated diverticulitis of right colon, ranging from conservative approach, diverticulectomy to right hemicolectomy.1-3. Conservative approach with appendicectomy and postoperative antibiotics has been advocated to be as effective and safe as resection. Proponents for resection argue that by resecting the inflammatory mass lesion, we can confidently exclude carcinoma.1 However, there is significant morbidity associated with resection. We aim to introduce on-table caecoscopy as a tool to improve the diagnosis of acute diverticulitis of right colon, exclude carcinoma and reduce the rate of resection.

We perform on table caecoscopy with an open technique by introducing a bronchoscope (Olympus BF P200 through the appendix stump. Non-crushing clamps are applied to the distal end of ascending colon and ileum. 150 mls of air is introduced gently with a syringe to avoid spillage of tumour cells in case of carcinoma. The inner luminal surfaces of the terminal ileum, caecum and ascending colon were inspected, and if suspicious lesion was identified, biopsy could be performed.

We have also attempted to introduce the caecoscopy under the assistant of laparoscopy. We initially mobilized the ascending colon and then the appendix is delivered through the 5mm port site at the right iliac fossa of the abdomen. The caecoscope is then introduced as described above.

From October 1999 till November 2001, eight consecutive patients that presented to our unit with an intraoperative finding of a colonic inflammatory mass at either caecum or ascending colon were analyzed. They all received an on-table caecoscopy as described above. After the operation, all patients were treated with a complete course of cefalosporin 750mg 8 hourly and metronidazole 500mg 8 hourly. Colonooscopy is performed 4 weeks later in all patients as a comparative good standard diagnostic test.

All eight patients presented to our unit with a clinical diagnosis of acute appendicitis, five of them received an open appendectomy via gridiron incision, while three of them have initial laparoscopy.

All patients were suspected to have either caecal or ascending colon inflammatory mass intraoperatively. One of the three patients that received initial laparoscopy was converted to open. On-table caecoscopy was performed as an open technique in six of them and as a laparoscopic assisted technique in two of them. The longest follow-up period is 24 months, and none of these patients develop recurrent attack of inflammation or other symptoms. Pathological examinations of all the appendices were serositis only. There was good correlation between the findings of caecoscopy and subsequent colonoscopy. No intraoperative and perioperative morbidity and mortality was documented.

On table caecoscopy is a new, safe and effective means of diagnosing acute diverticulitis of right colon. We can confidently exclude carcinoma, and reduce the amount of colonic resection in those patients with non-complicated diverticulitis of the right colon. We are extending the limits of caecoscopy, by applying it laparoscopically, and increasing the indications to all inflammatory masses situated over the ileum and right colon. We are certain that on-table caecoscopy can improve the diagnostic accuracy and change the management plan in those patients who present with unsuspected inflammatory bowel diseases, terminal ileitis, tuberculous of ileum, etc.

REFERENCE
5. Chiu PWY, Lam CYW, Lam SH, Wu AHW, Kwok SPY. On table caecoscopy - a novel diagnostic method in acute diverticulitis of right colon. Dis Colon Rectum (accepted and pending publication)