

Inverted Diverticulum

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A 52-year-old male with no significant medical history presented for abdominal pain. These symptoms persisted for about a month without any other clinical signs. The results of the physical examination and routine laboratory tests were normal. During the colonoscopy, a centimetric pseudopolyp was found in the right colon (Figure 1). This structure had a pale pink petechial mucosa with a depression and its appearance changed according to the degree of insufflation, since the lesion presented itself as a pseudopolyp, biopsies were made (Figure 2). By means of forceps, the lesion has been reduced making it an inverted diverticulum [1,2].



Figure 1: Endoscopic view of the lesion under low air insufflation.

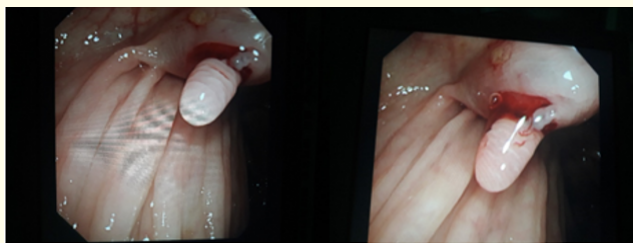


Figure 2: Inverted diverticulum (mild forceps probing).

Inverted diverticula are rare observations, reported in less than 0.7% of colonoscopies. It is important to make a correct diagnosis of these lesions, since their misinterpretation as sessile polyps, with subsequent biopsy or polypectomy, can lead to perforation of the colon. The following endoscopic features should be sought to diagnose an inverted colonic diverticulum:

- Raised sessile appearance with a thin concentric pale ring surrounding the lesion, also known as Aurora rings;
- Mucous pattern on the lesion similar to the surrounding mucosa;
- Localization in the diverticula area;
- The lesion regains its typical diverticular aspect with direct water infusion, air insufflation or slight pressure with biopsy forceps.

Bibliography

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