

SEGMENTAL COLITIS ASSOCIATED WITH DIVERTICULOSIS PRECEDING THE ONSET OF ULCERATIVE COLITIS: A CASE REPORT

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Poster

Colorectal

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A 59-year-old man initially diagnosed with segmental colitis associated with diverticulosis (SCAD) progressed to ulcerative colitis over five years, demonstrated by new rectal involvement.

KEY POINTS

- Initial colonoscopy in 2017 for positive faecal occult blood test showed sigmoid diverticula with inter-diverticular inflammation but normal proximal colon and rectum, leading to SCAD diagnosis.
- The patient developed haematochezia and abdominal pain with elevated faecal calprotectin (1322 mcg/g) and was treated with MMX mesalazine 2.4 g/day with clinical benefit.
- Five years later, procto-sigmoidoscopy revealed erosions and fibrin-coated ulcers extending to the rectum with histological features of chronic inflammation, prompting rediagnosis as ulcerative colitis.
- The authors note that progression from SCAD to ulcerative colitis has been reported in few cases and that differential diagnosis can be challenging.
- The case highlights the need for clinical and endoscopic reassessment and follow-up in patients with atypical segmental colitis.

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