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Reply

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This reply refers to the Letter to the Editor at <http://dx.doi.org/10.1007/s00330-003-1917-5>

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Sir,
We would first like to thank Dr. Brady for the interest he showed in our paper and for the interesting observations he made about it. We subscribe to the content of his letter and we consider it an omission from our part not to have included his paper in the references.

The main difference between his excellent paper and ours is that the diverticulum was not seen on US, only the wall thickening of the colon, as described in the abstract of Brady et al: "...the condition mimicked colonic inflammatory disease clinically and ultrasonographically. The correct diagnosis was made on the basis of the findings of cross-sectional imaging and barium examination".

Therefore, the statement in our paper that: "...to our knowledge, no case of ruptured jejunal diverticulum, depicted by US, has been reported", in our opinion, remains true.

Nevertheless, it is fair to recognize the merit of such esteemed colleagues, who first suggested including the presence of jejunal diverticulitis as a differential diagnosis of left lower quadrant pain.

We agree that this diagnosis is rare and difficult, and we believe that CT is necessary to confirm the rupture, just as Brady et al. have suggested in the past.

We hope that our comments will be helpful.