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## Laparoscopic colorectal resection for a giant colonic diverticulum – video vignette

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A giant colonic diverticulum (GCD) is rare with less than 200 cases reported in the literature (1,2). By definition, a GCD is larger than 4cm in diameter with a close relationship to the sigmoid colon in more than 90% of cases (3,4). *En bloc* resection of the diverticulum along with a segment of colon followed by a primary anastomosis is the best approach (5, 6).

The authors present a case of a 62-years-old man with sigmoid diverticulosis and several episodes of diverticulitis presenting with a painless hypogastric/left iliac fossa abdominal mass. CT scan showed a round 11 cm smooth walled structure filled with gas, adjacent to the anti-mesenteric border of the sigmoid and to the urinary bladder. The patient underwent a laparoscopic colorectal resection with partial cystectomy for this giant colonic diverticulum.

Four trocars were used for laparoscopic access, with a step-by-step approach as follows: **i.** splenic flexure mobilization, **ii.** giant diverticulum dissection with partial bladder resection, **iii.**

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closure of bladder, **iv.** sigmoid colon and intra-peritoneal rectum resection with primary anastomosis.

The post-operative course was uneventful and the patient was discharged home on day 4. The urinary catheter was removed on the 10th post-operative day.

The pathological specimen confirmed the pre-operative diagnosis of a GCD.

There is a consensus that this extremely rare complication of diverticular disease should have a prompt resection due to a high risk of rupture. The laparoscopic approach is feasible and safe despite a complex dissection due to the large diverticulum.

Supporting information: video

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