



Role of quality of life in elective surgery for diverticular disease

Lino Polese

Department of Surgery, Oncology and Gastroenterology, University of Padova, Padova, Italy

Correspondence to: Lino Polese, MD, PhD. Department of Surgery, Oncology and Gastroenterology, University of Padova, Clinica Chirurgica 3, Policlinico Universitario, 6 piano, Via Giustiniani 2, 35128 Padova, Italy. Email: lino.polese@unipd.it.

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Thank you for the opportunity to reply to the Editorial by Kjossev *et al.* (1). In their editorial, Kjossev *et al.* (1) underlined the importance of quality of life (QoL) in the evaluation of the patients with diverticular disease (DD) as a tool in the surgical decision-making process. QoL could be an adjunctive information in the assessment of the chronic DD, that is “not comprised in any of the principal surgical societies’ guidelines” and it could help to overcome several questions about the role and timing of the elective resection in uncomplicated DD.

Guidelines recommending elective sigmoid resection after two attacks of acute diverticulitis have been recently reconsidered, judged inappropriate and lacking cost effectiveness (2). It has been demonstrated that elective resection for uncomplicated diverticulitis does not alter disease outcome, nor does it decrease mortality or complications. In fact, the risk of an emergency operation in case of recurrent diverticulitis attacks has been resized (3). If these considerations are appropriate in terms of morbidity and mortality, they do not include the QoL of the patients with DD.

QoL of patients with DD is impaired with respect to healthy people, not only for the symptoms, but also for the worries of recurrent attacks, conditioning their behavior in terms of eating, working, travelling and having social engagements. According to the study recently published in *Int J Colorectal Dis* (4), sigmoidectomy reduces concerns about diverticulitis and behavioral changes due to the disease in patients with uncomplicated DD. This result was obtained by administering for the first time to surgical patients the diverticulitis (DV)-QoL, a QoL questionnaire developed by Spiegel *et al.* (5), specifically aimed at patients

with DD. Its specificity for diverticulitis and easiness to fill, make DV-QoL a valid tool for the evaluation of QoL in the DD patient candidate for elective surgery. These results deserve further prospective studies, in particular distinguishing patients with and without colonic stenosis. The commented study (4) was in fact a retrospective study and the two groups (surgical and medical) were not homogeneous, in particular it has to be considered that “*the surgical patients had a statistically higher frequency of stenosis (34.04% vs. 9.37%) and of colonic stiffness (54.25% vs. 17.24%) registered at imaging examinations with respect to their counterparts.*” Anyway in the same study, QoL improvement was not influenced by the presence of colonic stenosis and/or two or more previous diverticulitis attacks.

A prospective multicenter study comparing DV-QoL improvement after surgery or medical conservative treatment for uncomplicated DD is ongoing and we would be grateful if *Annals of Laparoscopic and Endoscopic Surgery (ALES)* could help in the recruitment of interested Surgical Centers.

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