agnosis of cecal diverticulitis without signs of peritonitis, medical treatment with antibiotics may be sufficient (4). There is no standard surgical procedure for the treatment of inflamed solitary caecal diverticulum. Surgical treatment varies from diverticulectomy, ileocaecal resection, and standard right hemicolectomy (3).

In conclusion, caecal diverticulitis may mimic appendicitis, hence, it should be considered in the differential diagnosis of right iliac fossa pain.

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An unexpected cause of acute colonic obstruction: globe vesicale

Akut kolon obstrüksiyonunun beklenmedik bir nedeni: globe vesicale

To the Editor

The most common causes of colonic obstruction in adults are malign tumors, diverticular disease, and volvulus (1). Acute colonic obstruction due to bladder distention (globe vesicale) is highly rare. To the best of our knowledge, just few cases have been reported in the literature (2, 3). Here, we present a case of acute colonic obstruction associated with globe vesicale and its treatment with a urinary catheter in a simple and timely fashion.

A 75-year-old male patient was hospitalized in the neurology clinic with a diagnosis of cerebrovascular disease as a sequel. He was consulted in our clinic for the complaints of abdominal distention, nausea, inability to pass intestinal gas and constipation, as well as severe abdominal pain for 3 days. The physical examination revealed abdominal sensitivity with palpation, distention, dullness with a downward opening, and tenderness. The rectal examination was normal. A plain X-ray image showed widespread air-fluid levels in the colon and small intestines (Figure 1). The laboratory findings were within normal limits. Based on

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Manuscript received: 25.08.2011 **Accepted:** 14.02.2012

doi: 10.4318/tjg.2013.0494

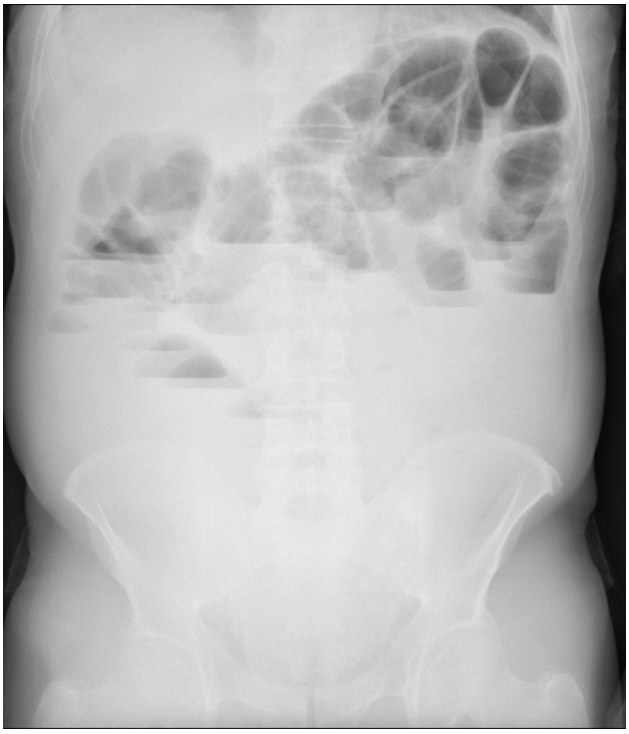

Figure 1. A plain film showing widespread air-fluid levels in the colon and small intestines.

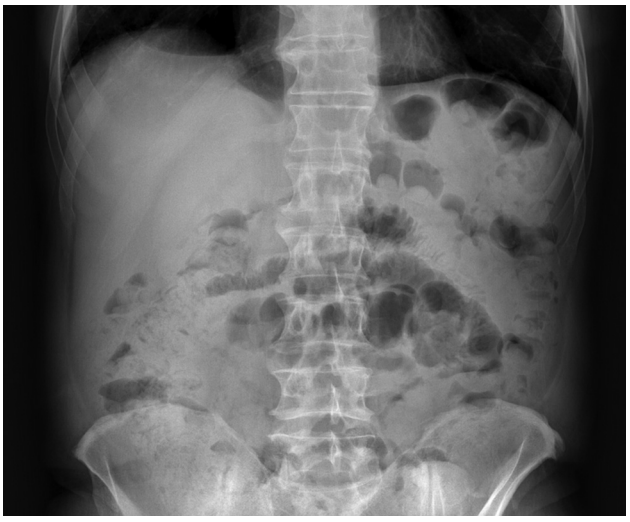

Figure 2. A plain film of the patient after performing urinary catheterization.

these findings, we established the diagnosis of ileus. The presence of dullness with a downward opening was suspected to may be a sign of globe vesicale. An urinary catheter was inserted into the bladder throughout the urethra, and a total of 4000 ml urine was discharged. The clinical status and plain film of the patient improved upon performing urinary catheter application (Figure 2), and the patient discharged gas and stool. Based on the clinical and laboratory findings of the patient, the diagnosis was considered to be acute colonic obstruction associated with globe vesicale. In the follow-up with an urinary catheter, ileus did not develop again.

It should be kept in mind that globe vesicale may be an etiological factor in patients presenting with clinical features of acute ileus, especially in elderly male subjects, and this condition can be treated in a simple and rapid manner using a urinary catheter.

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