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LAPAROSCOPIC HARTMANN : A GOOD OPTION FOR ACUTE COLONIC DIVERTICULITIS WITH GENERALIZED PERITONITIS ?

A comparative matched cohort study using a national database

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INTRODUCTION

- Laparoscopy : well-established for elective / uncomplicated diverticulitis (Hinchey I-II)
- Debated for generalized peritonitis from perforated diverticulitis (Hinchey III-IV)

OBJECTIVE

Evaluate laparoscopic Hartmann for generalized diverticular peritonitis

LAPAROSCOPIC HARTMANN (HP) ***vs.*** **OPEN SIGMOIDECTOMY PRIMARY ANASTOMOSIS DIVERTING ILEOSTOMY (SPA)**

Primary endpoint = Stoma-Free Survival

PATIENTS AND METHODS

National database of 6893 surgeries for diverticular disease (2010-2021)

Laparoscopic HP : n = 138
Open SPA : n = 146

1:1 PROPENSITY SCORE MATCHING

Laparoscopic HP : n = 101
Open SPA : n = 101

RESULTS

Postoperative outcomes

CONVERSION
50% in LHP group

LENGTH OF STAY
12d *vs* 10d ; NS

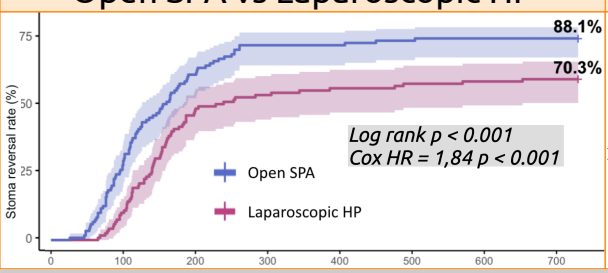
INCISIONAL HERNIA
19% *vs* 21% ; p = 0.9

MORBIDITY : no difference

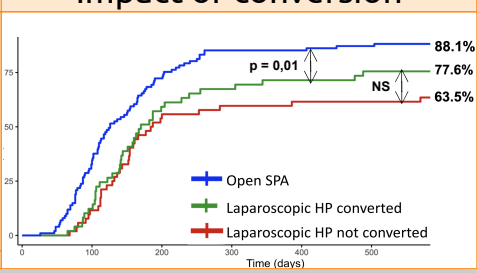
	Laparoscopic HP N=101	Open SPA N=101	*p value*
Mortality	5 (5.0%)	3 (3.0%)	0.7
Dindo≥ 2	27 (27%)	26 (26%)	>0.9

Stoma-Free Survival

Open SPA vs Laparoscopic HP



Impact of conversion



CONCLUSION

- Despite similar perioperative outcomes, Laparoscopic Hartmann **leads to decreased stoma-free survival** than Open Sigmoïdectomy with Primary Anastomosis and Ileostomy

- **Open sigmoidectomy with primary anastomosis and protective ileostomy** remains the **reference procedure** for Hinchey III–IV diverticular peritonitis