

Letter to Editor

Letter to Editor in response to the article by Wong et. al., on "Colonic diverticular disease in Brunei Darussalam" published in Brunei Int Med J 2017;12(6):191-5.

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I read with interest your original article by E Ru Wong et al. titled "[Colonic diverticular disease in Brunei Darussalam](#)" published recently. Always thought as a disease of the developed countries, it was really enlightening to know that in nearly one of five colonoscopy performed in Brunei Darussalam revealed the above diagnosis as a cause of abdominal symptoms.¹

The author was right to point out to the reasons for the substantial increase in the prevalence of this often-obscure disorder i.e. lack of fibre intake, Westernisation of our Eastern diet and change in life style with increased alcohol, caffeine and nicotine intake. Humes D et al. pointed out that over 5% of adults aged 40 years and above will develop this sinister condition, but only up one quarter of them will ever be symptomatic.²

What is more worrying is the associated serious complications that includes intestinal obstruction, perforation, haemorrhage and formation of fistula.² This will eventually lead to an increase in abdominal related morbidity and mortality, and healthcare cost in already worsening worldwide economic climate.

Treatment will depend on the actual cause of the colonic diverticular disease will include diverticulitis, diverticulosis and diverticular disease.³ It ranges from oral or intravenous hydration, lifestyle modification and antibiotics for less severe condition to life

saving surgeries in more severe conditions including those associated with complications.³

Physician should increase their index of suspicion in diagnosing this great masquerade to attain early diagnosis and subsequently, prevent its' devastating complications.

REFERENCES

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- 3: Aydin HN, Remzi F. Colonic diverticular disease. *Cleveland Clinic: Current Clinical Medicine*. 2nd ed. Philadelphia: Saunders. 2010.

Response to Author

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We thank the authors for their comments on our study.^{1, 2} Our findings likely mirror what is being encountered in most endoscopy centres with increase in the findings of diverticular disease, right and left. Despite this, there remains few publications on trend and distributions in recent time as diverticular disease is well studied and it a well-known fact that the incidence is increasing.

The increase in the incidence is mainly driven by the changing in diet and lifestyle. Diet low in fibre although there has been some recent debate is a well-known factor contributing to the increase. The author stated that change in life style with increase in alcohol and caffeine intake, and nicotine use are contributory are unproven and probably not at all directly related. It is the increasing sedentary life style that is important. In-