

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.

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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-

crease alcohol and nicotine use probably reflects the lifestyle and hence are surrogate markers. In Brunei Darussalam, alcohol sales of alcohol are banned and consumptions is restricted, and despite this we are seeing increase in the prevalence of diverticular disease in all races.² Another driver is probably more patients are referred evaluation. The increase in prevalence although obvious is fortunately still lower than rates reported in the West.

Whether findings of diverticular disease correlate with patients' symptoms and indications for colonoscopy remains undefined. In any case, diverticular disease in some patients will be incidental findings.

Despite the increase in the prevalence of diverticular disease in Brunei Darussalam the number of symptomatic or complicated diverticular disease only been showing slow increase. Anecdotally, we have been seeing slightly more diverticular bleed and diverticulitis but fortunately still very few related severe complications. The increase in bleeding is also contributed by the ageing population and increasing use of antiplatelet for vascular disease.

Treatment for diverticular disease or related complications are standardised. It is important that patients and family are educated about their condition as long term man-

agement include awareness of symptoms, including warning symptoms complicated disease (i.e. increasing pain, fever, altered bowel habit and passing blood) and modifications of lifestyle and diet. More active lifestyle and increase in fibre intake are generally good changes for overall health and non-communicable diseases. Involvement of family may also introduce changes in lifestyle to family members given that diverticular disease is one of the conditions that cluster within family due to shared lifestyle.

We agree that physicians, not just those dealing directly with the conditions like surgeons and gastroenterologist, all clinicians whether they are in general practice, emergency department and other specialities, need to be aware of the increase in this condition. Diverticular disease is one of the non-communicable disease and should perhaps be

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