

Definitions

- *Diverticulosis* = presence of diverticula which are asymptomatic.
- *Diverticular disease* = diverticula associated with symptoms.
- *Diverticulitis* = diverticular inflammation/infection ± localised symptoms and signs.

Epidemiology

- 50% have diverticula by 50y, 70% by 80y. But 75% are asymptomatic.
- Highest prevalence seen in developed countries (USA, UK & Australia).

Risk factors

- Western (low fibre) diet, obesity
- NSAIDs in <20% diverticular perforations

Presentation

Uncomplicated diverticular disease

- Lower (usually left) abdominal pain without other signs of inflammation.
- Pain generally exacerbated by eating and diminished with defecation or flatus.
- Other symptom: bloating, constipation or rectal bleeding.
- Examination may reveal fullness or mild tenderness in the left lower quadrant.

Complications:

- Diverticulitis: Usually LLQ pain, constipation. Anorexia, nausea and vomiting may occur. On exam ↑T, ↑HR. Local tenderness ± abscess mass. Guarding, hypotension → perforation.
- Fistula formation: colovesicular & colovaginal fistulas may present with infections, flatus or stool in urine or PV. Other fistulas arise much less often.
- PR Bleeding: Common cause of lower gastrointestinal bleeding. Malaena uncommon.

Investigations

Urine: may have WCC or bacteria. Abnormal if colovesicular fistula

Bloods: FBC (?↓Hb, ↑WCC), UEC

Imaging: Erect CXR if ?perforated. AXR may be abnormal but not sen or spec. CT better & may show diverticulae, abscess, inflammation. If PR bleeding will need sigmoidoscopy + colonoscopy.

Special: Fistulae may need cystoscopy, cystography and contrast radiographs.

Management

Diverticular disease

- High fibre diet & adequate fluid intake
- Bulk-forming laxatives (e.g. **ispaghula**, **sterculia**, **methylcellulose**) if constipation
- **Paracetamol** should be used for pain if required.

Diverticulitis

- Analgesia
- Clear liquids or IVF with gradual re-introduction of solids.
- Antibiotics (**Augmentin** 875mg bd+ **metronidazole** 500 mg tds PO OR **cefotaxime** 1g + **metronidazole** 500mg tds IV)
- **Mesalazine** has benefits over and above antibiotics alone.
- Blood transfusion if Hb<70.0g/L or <100g/L and ACS etc.
- Admit if necessary for pain control, dehydration, significant anaemia, Cx, co-morbidities.

Surgery if: perf, abscess>5cm, faecal peritonitis, uncontrolled sepsis, fistula, GI obstruction