**Diverticulosis**: presence of diverticuli in the colon without symptomatology. If there are signs and symptoms of diverticulosis – such as diverticulitis – this is referred to as complicated diverticulosis.

**Diverticulitis**: an inflammation of one or more diverticuli in the colon.

**Complicated diverticulitis**: diverticulitis that is associated with complications, such as peri-diverticulitis, abscess formation or perforation.

**Diverticular bleeding**: a bleed from a diverticulum, with or without inflammation.

**DIAGNOSTIC RECOMMENDATIONS**

**History**

Ask about:
- nature, pattern and duration of the abdominal pain;
- effect of movement on the pain;
- fever (temperature > 38 °C);
- nausea;
- defaecation pattern: diarrhoea, constipation, blood or mucus in the stools;
- relevant history: diverticulitis or diverticulosis, previous episodes of abdominal pain, abdominal surgery;
- chronic diseases, such as IBD and diabetes mellitus;
- medication, particularly immunosuppressants and analgesics.

**Physical examination**

Perform the following examination:
- evaluation of general condition (look for signs of dehydration);
- determining blood pressure and heart rate (look for signs of imminent shock);
- temperature measurement;
- abdominal examination (be particularly wary for signs of peritoneal irritation and herniations);
- if gynaecological pathology is suspected: vaginal examination;
- rectal examination.

**Additional investigations**

Laboratory tests can contribute to confirmation of the diagnosis:
- determine the CRP value; be aware that the CRP can increase less (rapidly) in immune-compromised patients;
- analyse the urine if a urological condition is suspected.

Imaging (ultrasound) has no added benefit to policy in the case of a strong suspicion of diverticulitis; this can be useful in the case of doubt about the differential diagnosis.

**Evaluation**

A strong suspicion of *uncomplicated* diverticulitis is defined as:
- persistent sharp, stabbing pain in the left lower abdomen that developed over the course of a few days, AND
- pressure and/or rebound pain only in the left lower quadrant, AND
- absence of warning signs.

Fever (> 38.0 °C) and an elevated CRP (> 20 mg/L) can support the diagnosis.
There is a strong suspicion of complicated diverticulitis if one or more of the following warning signs is/are also present:
★ signs of peritoneal irritation (particularly abdominal guarding);
★ signs of ileus;
★ rectal blood loss;
★ local palpable resistance;
★ hypotension;
★ strongly elevated CRP (> 100 mg/L).

Immune-compromised patients are at increased risk of complicated diverticulitis.

Differential diagnosis: irritable bowel disease, appendicitis, colorectal cancer, gastro-enteritis, constipation, inflammatory bowel disease, pelvic inflammatory disease and torsion of a left ovarian cyst.

**THERAPEUTIC RECOMMENDATIONS**

**Education**
★ Diverticulitis is an inflammation of the protrusions in the colon that usually heals spontaneously.
★ Monitoring is essential, particularly in the first week, due to a small risk of complications.
★ A new inflammation can occur after healing, as the protrusions continue to exist in the colon.
★ Advise daily measurement of the rectal temperature and to seek contact immediately (out of hours too) in the event of: vomiting, rectal blood loss, increase in symptoms, or a temperature > 39 °C.

**Non-drug treatment**
★ Bed rest is not necessary; patients are advised to adjust their activities according to how they are feeling.
★ Dietary measures are also not necessary; patients can eat and drink what they are able to tolerate.

**Drug treatment**
★ Paracetamol can be prescribed for analgesia. NSAIDs are not recommended due to the gastro-intestinal side effects. Analgesics can mask a fever.
★ Treatment with laxatives (lactulose or macrogol) is advised in the case of constipation.
★ Antibiotics are not advised.

**FOLLOW-UP AND REFERRAL**
★ In the case of slight or mild symptoms, follow-up takes place within several days, unless the symptoms increase, if vomiting or rectal blood loss occurs or if the temperature exceeds 39 °C.
★ A follow-up appointment on the following day is necessary in the event of severe symptoms (a lot of pain, increasing temperature), but without characteristics of complicated diverticulitis. Inform the out-of-hours service if necessary.
★ If a patient is completely asymptomatic after an episode of diverticulitis, there is no reason to use imaging studies to confirm diverticulosis.

Refer to the surgeon:
★ in the case of suspected complicated diverticulitis.

Refer to the gastro-enterologist:
★ if there is uncertainty about the diagnosis;
★ in the case of persistent symptoms or atypical presentation.

A recurrent diverticulitis without persistent symptoms after the acute phase does not form a reason for referral.