

TERMS

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.