DIVERTICULOSIS

Acquired herniation of mucosa through bowel's circular muscle between longitudinal muscle (false: lack muscle coat)

Site: mainly descending + sigmoid colon as highest luminal pressure; (rectum has complete longitudinal muscle wall → unaffected)

Epidemiology:

Age: men younger, women older; young more likely to get recurrent diverticulitis
Gender: ESI overall
Geography: westernized society (aging population + western diet)
Race: Ashkenazi Jews

Aetiology:

Genetics: Ashkenazi Jews||Diet: low fibre ||Obesity → inflammatory cytokines from visceral fat

Clinical features:

1. Acute diverticulitis (infection/inflammation often due to faecal impaction)
Symptoms: abdo pain (lower/LIF/generalised)
Signs: I= fever/sweating/nausea Pa= tenderness/rebound/guarding Pe= dull if mass Ausc:=paralytic ileus/obstruction
Reverse Rovsig's

2. Chronic diverticular disease

Alternating constipation/diarrhoea, PR blood, mucous, lower abdominal pain/discomfort
Diff dx: ca colon, IBS

Complications:

(i)Perforation →peritonitis/pericolic abscess/fistula
(ii)Stricture from fibrosis in chronic inflammation/infection
(iii)Haemorrhage from fragile vessels in diverticulum wall

Classification = Hinchey (modified):

1a Wall thickening/pericolic inflamm *1b Small (<5cm) abscess confined*
2 Pelvic abscess/distant from inflammation site/intra-abdominal/retroperitoneal
3 Generalised purulent peritonitis *4 Generalised faecal peritonitis*

Investigations:

CTAP (or CT colon): gold standard, diagnosis/complications/exclude neoplasia
Colonoscopy: diagnosis/complications/exclude neoplasia
**Colonic wall thickening+oedema causing stricture/fistula/abscess*

MANAGEMENT

Conservative:

(i) Uncomplicated acute/chronic diverticulosis (ii)Asymptomatic/symptoms not threatening quality of life
Lifestyle changes: smoking, increased fibre, reduce animal fat and processed meat, reduce NSAID use
Modest benefit with long-course 5-ASA in chronic diverticulosis
Antibiotics in uncomplicated acute diverticulitis: AVOD study found no difference if abx vs. no abx (669 pts)

Elective Surgery

Indications: (i)Acute diverticulitis if persistent/bleeding (ii)Chronic disease if 4 episodes/bleeding (iii)Complications
Decision - diverticulitis (lost work days/death/sepsis) vs surgery (1% mortality if young, risk of stoma, urgency, recurrent disease

Emergency Surgery

Fever/obstruction/bleeding/peritonitis/abscess/fistula
Abscess: drain (laparoscopic/radiological/operative)
Perforation: Laparoscopic washout for H3, Resection for H4 (Hartmanns vs PA+DFI)
Bleeding: IR/endoscopic/resection