






# Diverticular disease

Diverticular disease is a common gastrointestinal disorder, affecting up to two thirds of people over the age of 70. While mainly asymptomatic, diverticular disease can present with chronic abdominal pain or as an acute severe illness. Acute diverticulitis usually presents with lower left-sided abdominal pain, accompanied by fever and change in bowel movements. Guidelines for the assessment and management of diverticulitis have recently changed, in particular the role of antibiotics. Diverticular disease in all its manifestations is a common presentation to general practice and registrars need to be competent in managing patients with this condition.

<b>TEACHING AND LEARNING AREAS</b> 	<ul style="list-style-type: none"> <li>• Definitions and pathophysiology of diverticulosis and diverticulitis (uncomplicated and complicated)</li> <li>• Clinical features and differential diagnosis</li> <li>• Investigations, including blood tests and <a href="#">imaging</a></li> <li>• Approach to treatment - non-pharmacological and medication – both acutely and long-term</li> </ul>				
<b>PRE-SESSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Read the 2017 AFP article <a href="#">Diverticular disease practice points</a></li> <li>• Therapeutic Guidelines chapter on Diverticulitis</li> </ul>				
<b>TEACHING TIPS AND TRAPS</b> 	<ul style="list-style-type: none"> <li>• CT scan evidence of inflammation is needed to diagnose the first occurrence of diverticulitis - ultrasound may be an alternative where CT scanning is contraindicated</li> <li>• For patients with a confirmed history of diverticulitis, and mild symptoms typical of recurrence, CT scan is usually not required</li> <li>• CT is required when the severity of symptoms suggests complicated diverticulitis</li> <li>• Non-hospital care is appropriate in afebrile, stable patients with uncomplicated diverticulitis</li> <li>• For patients with uncomplicated diverticulitis, <a href="#">antibiotics have no proven benefit in reducing the duration of the disease or preventing recurrence</a>, and should only be used selectively</li> <li>• Consider follow-up colonoscopy in patients with first presentation of acute diverticulitis, especially those with complicated disease</li> <li>• There is limited evidence on the value of avoiding corn, nuts and seeds to prevent future episodes of acute diverticulitis</li> </ul>				
<b>RESOURCES</b> 	<table border="1"> <tbody> <tr> <td data-bbox="335 1704 430 1803"><b>Read</b></td> <td data-bbox="430 1704 1498 1803"> <ul style="list-style-type: none"> <li>• 2018 Ann Intern Med article <a href="#">Acute colonic diverticulitis</a></li> <li>• 2019 MJA article <a href="#">The management of diverticulitis: a review of the guidelines</a></li> </ul> </td> </tr> <tr> <td data-bbox="335 1803 430 1906"><b>Listen</b></td> <td data-bbox="430 1803 1498 1906"> <ul style="list-style-type: none"> <li>• <a href="#">2019 MJA podcast Diverticular disease</a></li> <li>• <a href="#">2021 Medcast Hot Topics podcast Diverticulitis</a></li> </ul> </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• 2018 Ann Intern Med article <a href="#">Acute colonic diverticulitis</a></li> <li>• 2019 MJA article <a href="#">The management of diverticulitis: a review of the guidelines</a></li> </ul>	<b>Listen</b>	<ul style="list-style-type: none"> <li>• <a href="#">2019 MJA podcast Diverticular disease</a></li> <li>• <a href="#">2021 Medcast Hot Topics podcast Diverticulitis</a></li> </ul>
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<b>FOLLOW UP &amp; EXTENSION ACTIVITIES</b> 	<ul style="list-style-type: none"> <li>• Registrar to undertake the clinical reasoning challenge and discuss with supervisor</li> </ul>				

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## Clinical Reasoning Challenge

Ahmed is a 74 year old man who presents with a history of 36 hours of LIF pain. He has a history of diverticulosis found on colonoscopy 3 years previously for a positive FOBT. He had a similar episode of this pain once previously about 8 months ago. He was treated empirically at the time with antibiotics for presumed diverticulitis. Ahmed has no other significant PMH and is a non-smoker.

QUESTION 1. You suspect acute diverticulitis. What are the MOST IMPORTANT clinical features to support a diagnosis of complicated diverticulitis? List up to FOUR clinical features.

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

QUESTION 2 There are no clinical features to support a diagnosis of complicated diverticulitis. What are the MOST IMPORTANT aspects of your management at this point? List up to FIVE aspects of management

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

QUESTION 3. Ahmed improves and sees you a couple of weeks later for review and ongoing management of his diverticular disease. What are the MOST IMPORTANT aspects of long term management?

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## ANSWERS

### QUESTION 1

You suspect acute diverticulitis. What are the MOST IMPORTANT clinical features to support a diagnosis of complicated diverticulitis? List up to FOUR clinical features.

- High fever
- Worsening and/or severe abdominal pain
- Vomiting
- Signs of peritonism

### QUESTION 2

There are no clinical features to support a diagnosis of complicated diverticulitis. What are the MOST IMPORTANT aspects of your management at this point? List up to FIVE aspects of management

- No need for imaging in most patients with uncomplicated acute diverticulitis
- Judicious use of antibiotics – there is limited benefit of antibiotics in patients with mild uncomplicated acute diverticulitis
- Bowel rest/clear liquid diet
- Low fibre diet until pain improves
- Analgesia
- Follow-up and safety-netting

### QUESTION 3

Ahmed improves and sees you a couple of weeks later for review and ongoing management of his diverticular disease. What are the MOST IMPORTANT aspects of long term management?

- High fibre diet
- High fluid intake
- Avoid or manage constipation
- Seek care if acute abdominal pain