the bottom line

A PUBLICATION OF COLON & RECTAL SURGICAL ASSOCIATES

A DIVISION OF SURGICAL SPECIALISTS OF NEW JERSEY

Diverticulitis: Is CT necessary ?

First of three newsletters devoted to diverticulitis

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Diverticulitis represents acute inflammation of the diverticular bearing portion of colon, likely caused by micro- or macroscopic perforation of one or several diverticula which sets up an inflammatory reaction.

The clinical presentation of diverticulitis depends upon the severity of the underlying inflammatory process and whether or not complications are present.

Complicated diverticulitis refers to the presence of a perforation, obstruction, an abscess, or a fistula. Approximately 25 percent of patients diagnosed with diverticulitis for the first time present with complicated diverticulitis. Nearly all of these patients require surgery.

Uncomplicated diverticulitis, accounting for 75 percent of cases, refers to diverticulitis without the complications noted above. The majority of these patients respond to medical therapy, although up to 30 percent require surgery.

Left lower quadrant pain is the most common complaint associated with diverticulitis in Western countries, occurring in 70 percent of patients. Pain is often present for several days prior to admission, which aids in the differentiation of diverticulitis from other causes of acute abdominal symptoms. Only 17 percent of patients in one series had symptoms for less than 24 hours. Another helpful diagnostic finding is that up to one-half have had one or more previous episodes of similar pain. Other possible symptoms include nausea and vomiting in 20 to 62 percent, constipation in 50 percent, diarrhea in 25 to 35 percent, and urinary symptoms (eg, dysuria, urgency and frequency) in 10 to 15 percent.

Computer tomographic (CT) scanning of the abdomen with IV and oral contrast is the diagnostic test of choice in patients suspected of having acute diverticulitis. It is useful for diagnosis, assessment of severity, therapeutic intervention, and quantification of resolution of the disease. In a stable patient with a previous history of confirmed diverticulitis and a similar current presentation, some consider further diagnostic work-up unnecessary unless there is failure to improve with conservative management. It should be remembered that a single abdominal CT scan involves radiation equivalent of 200 chest X-rays. Complications should be sought in all patients with clinical deterioration or those who fail to improve within two to three days.

Following successful conservative therapy for a first attack of diverticulitis, approximately one-third of patients will remain asymptomatic, one-third will have episodic abdominal cramps without frank diverticulitis, and one-third will proceed to a second attack of diverticulitis.

Next month: Antibiotics & diverticulitis

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