# 

Diverticulitis

# Diagnosis

* Abdominal pain (usually left lower quadrant, ~90%), low-grade fever (~90%)
* Diagnostic testing: computed tomography (CT) scan of abdomen for diagnosis and complications (e.g., abscess, perforation)
* Microbiology: *Escherichia coli, Klebsiella pneumoniae, Bacteroides fragilis* 
  + *Staphylococcus aureus* is generally not a pathogen in intra-abdominal infections
* Blood cultures only for severe illness

# Treatment

* **Acute, uncomplicated diverticulitis** (CT-confirmed left colonic disease without abscess, perforation, fistula; patient can have fever and/or elevated white blood cell count)
  + In patients with acute uncomplicated diverticulitis, trials suggest that antibiotics do not reduce time to improvement or prevent complications, and 2015 American Gastroenterological Association Guidelines recommend selective rather than routine antibiotic use
  + Oral therapy (preferred if antibiotics are given): [Place local recommendations here]
  + Intravenous therapy: [Place local recommendations here]
* **Complicated diverticulitis** (CT-confimed diverticulitis associated with abscess, fistula, obstruction, perforation, peritonitis) in a stable patient
  + Source control via percutaneous drain or operation when possible
    - [Place local recommendations here]
    - [Place local recommendations here]
* **Diverticulitis in a severely ill patient**
  + Broader coverage for *Enterobacteriaceae spp.* and *Pseudomonas aeruginosa*
    - [Place local recommendations here]
    - [Place local recommendations here]
    - [Place local recommendations here]
* **Narrowing and oral therapy**
  + Narrow based on available culture data
  + Consider transition to oral therapy when patient shows clinical improvement (usually by 48–72 hours) and/or source control is achieved
  + Oral therapy: [Place local recommendations here]
* **Surgical management**
  + Obtain immediate surgical consultation for presence of perforation, peritonitis, obstruction
  + Obtain surgical consultation during admission for failure of medical therapy, abscess (generally ≥ 5 cm) that cannot be drained percutaneously, fistula or stricture, recurrent episodes of diverticulitis

# Duration

# 

* Acute, uncomplicated: 0-4 days
* Complicated or initial severe illness with source control: 4 days after source control
* Complicated with small abscess not drained\*: 5–10 days depending on clinical response

\*Recommendations are for patients without significant immunocompromise or complex presentations; relevant multi-specialty consultation, including infectious diseases, should be considered for cases falling outside of the scope of these recommendations.

# References

Bohnen JM, Marshall JC, Fry DE, et al. Clinical and scientific importance of source control in abdominal infections: summary of a symposium. Can J Surg. 1999 Apr;42(2):122-6. PMID: 10223073.

Chabok A, Påhlman L, Hjern F, et al. Randomized clinical trial of antibiotics in acute uncomplicated diverticulitis. Br J Surg. 2012 Apr;99(4):532-9. PMID: 22290281.

Etzioni DA, Mack TM, Beart RW Jr, et al. Diverticulitis in the United States: 1998-2005: changing patterns of disease and treatment. Ann Surg. 2009 Feb;249(2):210-7. PMID: 19212172.

Feingold D, Steele SR, Lee S, et al. Practice parameters for the treatment of sigmoid diverticulitis. Dis Colon Rectum. 2014 Mar;57(3):284-94. PMID: 24509449.

Mazuski JE, Tessier JM, May AK, et al. The Surgical Infection Society revised guidelines on the management of intra-abdominal infection. Surg Infect (Larchmt). 2017 Jan;18(1):1-76. PMID: 28085573.

Sawyer RG, Claridge JA, Nathens AB, et al. Trial of short-course antimicrobial therapy for intraabdominal infection. N Engl J Med. 2015 May 21;372(21):1996-2005. PMID: 25992746.

Schug-Pass C, Geers P, Hügel O, et al. Prospective randomized trial comparing short-term antibiotic therapy versus standard therapy for acute uncomplicated sigmoid diverticulitis. Int J Colorectal Dis. 2010 Jun;25(6):751-9. PMID: 20140619.

Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. Clin Infect Dis. 2014 Jul 15;59(2):e10-52. PMID: 24973422.

Stollman N, Smalley W, Hirano I, et al. American Gastroenterological Association Institute Guideline on the Management of Acute Diverticulitis. Gastroenterology. 2015 Dec;149(7):1944-9. PMID: 26453777.

AHRQ Pub. No. 17(20)-0028-EF

November 2019