AGA Clinical Practice Update on Medical Management of Colonic Diverticulitis: Expert Review by Cesar Taborda

Background

Presentation

Uncomplicated

- Thickening of the colon wall
- Peri colonic inflammatory changes

Complicated

- 12% of patients
- Abscess, peritonitis, obstruction and/or fistula

Types

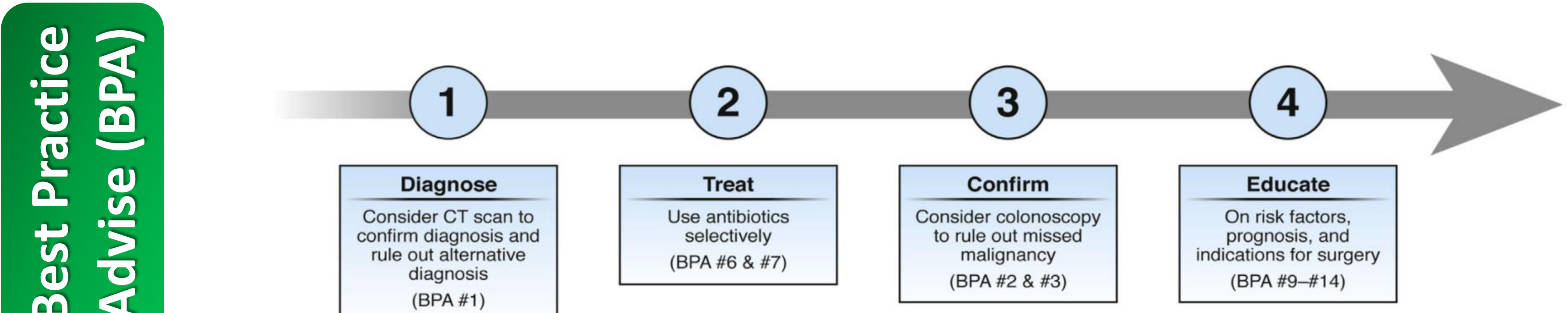
Smoldering

- Seen in ~ 5% of patients
- Characterized by abdominal pain and continued evidence of inflammation on CT scan

Segmental

- Diverticular colitis that spares the rectum
- Likely on the spectrum of IBD

Best Practice Advise (BPA)



Peery AF, Shaukat A, Strate LL. AGA Clinical Practice Update on Medical Management of Colonic Diverticulitis: Expert Review. Gastroenterology 2021;160:906-911 e1.

DIAGNOSE

BPA #1

- CT → Confirm dx in those w/o prior imaging or confirmed dx and to evaluate for potential complication
- Also in pts who fail to improve with tx, immunocompromised and those with multiple recurrences

TREAT

BPA # 5, 6, 7, & 8

- CLD during acute phase
- Abx → selective rather than routine in immunocompetent pts with mild uncomplicated diverticulitis
- Abx→ Pts w/ uncomplicated diverticulitis with comorbidities or are frail, with refractory symptoms or vomiting, or who have a *CRP>140 mg/L or baseline white blood cell count > 15 x10^9 cells/L*
- Abx→ complicated diverticulitis or uncomplicated diverticulitis with a fluid collection or longer segment of inflammation on CT scan.
- Low threshold to get CT and start abx in immunocompromised pts

CONFIRM

BPA #2 & 3

- Colonoscopy → After an episode of complicated and 1st episode of uncomplicated diverticulitis
- Delay until 6-8 weeks after symptom resolution
- *Can be done sooner if alarm symptoms present*
- *Could be deferred if a recent (within 1 year) high- quality colonoscopy was performed*

BPA #4

- In pts with a hx of diverticulitis and chronic sxs, ongoing inflammation should be excluded with both imaging and lower endoscopy
- *If there is no evidence of diverticulitis, visceral hypersensitivity should be considered and managed accordingly*

EDUCATE

BPA # 9 & 10

- Previous hx of diverticulitis →High-quality diet, normal BMI, physical activity, 🚫 tobacco use
- 🚫 NSAIDs
- 50% of risk of diverticulitis is due to genetic factors

BPA #11 & 12

- Avoid mesalamine, probiotics, or rifaximin to prevent recurrent diverticulitis.
- Complicated diverticulitis→ first presentation of diverticulitis.
- The risk of complicated diverticulitis decreases with recurrences

BPA # 13 &14

- Discussion of elective segmental resection→ Needs to be personalized to consider severity of disease, patient preferences and values, as well as risks and benefits, including quality of life.
- Surgery reduces, *but does not* eliminate, diverticulitis risk, & chronic GI sxs do not always improve with surgery.
- Elective segmental resection *should not be* advised based on the number of diverticulitis episodes