Diverticular dilemmas decoded: The EAES–SAGES 2026 Playbook – adult and primary care perspectives

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UEG Week Barcelona 2026 | Presentation

October 20, 2026

New clinical practice guideline suggests rifaximin or mesalamine for symptomatic uncomplicated diverticular disease, recommends against routine antibiotics for uncomplicated diverticulitis, and advises against routine colonoscopy after first episode in asymptomatic patients.

KEY POINTS

- The panel suggests rifaximin or mesalamine over standard supportive care for patients with symptomatic uncomplicated diverticular disease, based on evidence showing 143 fewer patients per 1000 experiencing abdominal pain at one year, though this is a conditional recommendation with low certainty evidence from seven studies.
- For symptomatic patients with acute uncomplicated diverticulitis who are immunocompetent and clinically stable, the panel suggests no routine antibiotics, a conditional recommendation with low certainty evidence based on six randomized controlled trials showing high uncertainty in recurrence at one year and no difference in readmissions at 60 days.
- In patients recovered from a first episode of acute uncomplicated diverticulitis who are asymptomatic, the panel suggests against routine follow-up colonoscopy, though decisions should be individualized based on factors such as recent colonoscopy history, age, and previous episodes; this is a conditional recommendation with very low certainty evidence from five studies.
- The guideline represents a shift from 2018 recommendations, now favoring rifaximin and mesalamine for symptomatic disease and providing clearer guidance against routine antibiotic use in uncomplicated diverticulitis.
- The speaker noted that in their Greek primary care practice, rifaximin is prescribed for several months in a cyclic regimen of 10 to 14 days per month for symptomatic uncomplicated diverticular disease with good results, while mesalamine is typically left to gastroenterologists to prescribe.

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