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Summary

Role of imaging and endoscopy in diverticular disease management

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Surgery | Endoscopy | Colorectal

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The speaker presented diagnostic approaches for acute diverticulitis in the clinic setting and uncomplicated diverticular disease, emphasizing that ultrasound is as accurate as CT for most cases and offers practical advantages in ambulatory evaluation.

KEY POINTS

- Meta-analyses show ultrasound and CT have similar accuracy for detecting and excluding acute diverticulitis, with ultrasound being very sensitive and specific even when performed by less experienced operators as a point-of-care examination.
- In the non-emergency clinic setting, the speaker recommended ultrasound as first-line imaging because most cases are mild (Hinchey zero or one), it is less expensive, and it can evaluate the exact site of patient pain dynamically.
- For patients with acute diverticulitis who have never had colonoscopy, the speaker stated colonoscopy should be performed within six months to one year to exclude colorectal cancer, as meta-analysis data show complicated diverticulitis carries higher cancer risk than uncomplicated disease.
- The speaker stated colon imaging during follow-up is useful only to assess for colorectal cancer, structural abnormalities, or persistent complications, not routinely in all patients.
- For suspected uncomplicated diverticular disease, the speaker taught that ultrasound can detect diverticula with high accuracy and identify increased muscularis propria thickness and localized pain at the sigmoid colon, distinguishing it from IBS where pain is diffuse.
- The speaker stated that multiple tools including colonoscopy, CT colonography, and ultrasound can be used to assess uncomplicated diverticular disease and risk-stratify patients.

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