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Summary

Diverticulitis: When not to be worried?

Johannes Kurt Schultz

UEG Week Berlin 2025 | Presentation

Colorectal | Hepatobiliary | Pancreas

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A surgeon argues that most patients with acute diverticulitis can be managed conservatively without routine imaging, antibiotics, or surgery, with intervention reserved for sepsis or severe peritonitis.

KEY POINTS

- The speaker stated that in immunocompetent patients with mild diverticulitis, CT imaging is not necessary if leukocyte count is low and there is no abdominal guarding, based on a Dutch cohort study reporting 96% negative predictive value for complications.
- Two randomized trials totaling over 1000 patients showed no benefit of antibiotics for uncomplicated diverticulitis, with no significant differences in recurrence rates, complications, or need for sigmoid resection compared to observation alone.
- Conservative management of extraluminal air is successful in most cases, with a Finnish study of 172 patients reporting over 99% success for air bubbles around the colon and high success rates for distant intraperitoneal air in non-septic patients without severe peritonitis.
- Most perforations occur at the first episode of diverticulitis rather than with recurrent attacks, so prophylactic surgery to prevent future complications is not justified according to the speaker.
- The speaker recommended that uncomplicated diverticulitis should be managed by gastroenterologists rather than surgeons, and that surgeons should avoid overuse of imaging, antibiotics, and operative intervention.

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