gutflix
GI learning, personalised

Summary

Diverticulitis

Johannes Kurt Schultz

UEG Week Berlin 2025 | Presentation

Colorectal | Hepatobiliary | Primary Care

October 6, 2025

The speaker presented evidence that antibiotics are unnecessary for uncomplicated diverticulitis and that primary anastomosis or laparoscopic lavage are safe alternatives to Hartmann's procedure in hemodynamically stable patients with perforated diverticulitis.

KEY POINTS

- Three randomized trials showed antibiotics had no effect on recurrence, complications, time to recovery, or need for sigmoid resection in uncomplicated diverticulitis, yet a multinational snapshot study found over 96% of patients still received antibiotics.
- The speaker stated that most perforations occur at the first episode of diverticulitis, very few at the second, and almost none at later episodes, so prophylactic surgery to prevent complications is not justified.
- Four randomized trials comparing primary anastomosis versus Hartmann's procedure and three trials comparing laparoscopic lavage versus primary resection showed equal mortality and severe complication rates in hemodynamically stable patients without immunosuppression, with fewer long-term stomas.
- Patients with pericolic extraluminal air bubbles can be treated conservatively with excellent results according to retrospective studies, though those with distant intraperitoneal air have lower success rates and require careful monitoring for sepsis or generalized peritonitis.
- A Dutch scoring system indicates that patients with CRP below 100 and white blood count below 15 have less than 4% chance of complications and may not require CT scanning.
- The speaker recommended that immunocompetent patients with uncomplicated diverticulitis should not receive antibiotics and suggested these patients should be managed by gastroenterologists rather than surgeons.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/cabb5fec-a82e-11f0-a7ab-0242ac140006

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.