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Summary

Pathogenesis, Classification, and Differential Diagnosis

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Surgery | Endoscopy | Colorectal

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This educational presentation reviews the pathogenesis, classification systems, and differential diagnosis of diverticular disease, emphasizing evidence-based risk factor counseling and the use of DICA and CODA scoring systems to predict recurrence and surgical risk.

KEY POINTS

- The speaker stated that obesity and smoking are risk factors for diverticulitis and complications, while higher dietary fiber intake is associated with lower risk; seeds and nuts do not cause complications despite common misconceptions.
- The DICA classification is a colonoscopy-based score grading disease severity; the speaker reported that DICA 1 has around 4 percent diverticulitis recurrence while DICA 3 has over 50 percent recurrence and more than 15 percent surgery rates.
- The CODA score adds patient age and abdominal pain severity to endoscopic findings and helps estimate the risk of diverticulitis recurrence within three years.
- Key differential diagnoses include IBS, IBD, and colorectal cancer; the speaker emphasized that symptomatic uncomplicated diverticular disease typically presents at older age with localized pain lasting over 24 hours, whereas IBS symptoms start earlier with diffuse pain related to bowel habit changes.
- Colonoscopy is not needed in most acute diverticulitis cases for initial assessment; the speaker recommended colonoscopy 6 to 8 weeks after a first episode to exclude colorectal cancer, but stated repeat colonoscopy may not be necessary for recurrent episodes without alarm features.

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