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Summary

Panel discussion: What's new on diverticular disease of the colon

Postgraduate Teaching Programme Barcelona 2026 | Presentation

Surgery | Endoscopy | Colorectal

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Panel discussion addresses diagnostic challenges and management strategies for diverticular disease spectrum, including segmental colitis associated with diverticulosis, antibiotic use in uncomplicated diverticulitis, and role of mesalamine and rifaximin for symptom control.

KEY POINTS

- Segmental colitis associated with diverticulosis affects approximately 2 to 5 percent of patients with diverticula and requires biopsy for diagnosis because endoscopic appearance alone is insufficient, with bleeding as the main symptom and treatment borrowed from IBD options on a case-by-case basis due to lack of evidence.
- Consensus guidelines recommend no systemic antibiotics for CT-proven uncomplicated diverticulitis, though panelists acknowledged that real-world practice differs with most emergency department patients receiving antibiotics, and CT proof is essential before withholding antibiotics.
- The speaker stated mesalamine at 1.6 grams per day for 6 to 12 months is used for patients with abdominal pain or elevated fecal calprotectin, with the type of formulation chosen based on diverticula location, though evidence is limited to one year.
- Rifaximin seven days per month for severe uncomplicated diverticular disease should be maintained for 12 months maximum based on available evidence, though the speaker noted some patients continue for years because they feel better and diverticular disease is chronic like IBS.
- Colonoscopy after diverticulitis is recommended for complicated cases or when CT shows bowel wall thickening, but meta-analysis showed cancer and polyp risk is nearly the same in uncomplicated diverticulitis and does not justify routine colonoscopy.

– The surgeon on the panel stated any patient with an abscess, even small, should be admitted because not all abscesses are the same and CT scans can miss abscesses between small bowel loops, emphasizing that abscess means locally established sepsis requiring observed resolution.

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