

Diverticular disease of large intestine

Diverticulum is a blind protrusion of the wall of the digestive tract. Diverticula can occur **anywhere in the digestive** tract, such as the esophagus, stomach, and small intestine. If they occur **in** the large intestine, then we speak of diverticular disease or diverticulosis.

Large intestinal diverticula are characterized by the fact that they are acquired, multiple, and are typically **false** diverticula, which are not formed by the entire wall of the gastrointestinal tract, but often only by the mucosa.

Colon diverticulosis is a relatively **common disease**. The prevalence of the disease increases with age. Patients with diverticulosis who are under 40 years of age are about 20%, over 60 to 60%.

In many patients it is **asymptomatic**, it does not manifest itself clinically until inflammation of the diverticulum (ie diverticulitis) or complication of the diverticular disease.

Pathogenesis

They are typical of people who consume food with a small proportion of **indigestible residues**. Their digestion and subsequently stool has a relatively small volume and firm consistency. The result is increased peristalsis of colon smooth muscle, especially in the left colon sigmoid, increased segmental contractions and **increased intraluminal pressure**. The mucosa arches at sites of less resistance, ie at the sites of vascular entry or between the muscle bundles.



Multiple diverticula sigmoidea

Clinical signs

Diverticula are often **asymptomatic**. If clinical symptoms appear, we speak of diverticular disease. Clinically, they may resemble an irritable bowel syndrome:

- pain in the lower abdomen or left lower quadrant,
- defecation disorders,
- feeling full,
- flatulence.

In addition, painful **hypersegmentation syndrome** may occur, ie a painful feeling of incomplete emptying and alternating constipation and diarrhea. Another and relatively significant clinical manifestation may be anemia due to occult, chronic bleeding from an eroded diverticulum vessel. Massive bleeding and subsequent hematemesis are very rare.

Complication

Common complications of diverticular disease include **diverticulitis** and occult **bleeding** from the diverticulum. **Diverticulitis** is an inflammation caused by stool retention in the diverticulum itself. The inspissated (thickening) content of the diverticulum causes pressure ulcer necrosis of the mucosa. It typically manifests as pain in the lower left quadrant.

Other complications include **perforations**, obstructions, stenoses, adhesions, colonic and coagulational fistulas, and peridiverticular abscesses. All of these are relatively rare complications and often require a surgical solution. However, if the **diverticulum is perforated**, then it can clinically mimic appendicitis, ie pain, fever, leukocytosis occur. Template: Note

Diagnostics

We think of the presence of diverticula if an elderly patient with abdominal pain in the lower left quadrant comes to the ambulance. For diagnosis, it is appropriate to perform a **sonographic examination**, which does not represent any radiation burden for the patient. On the other hand, it is appropriate to supplement the X-ray examination to exclude perforation and thus pneumoperitoneum, or other NPBs. As other paraclinical examinations, we can indicate **irigoscopy** for a general overview of the number and size of diverticula, CT examinations or **endoscopy**.

Therapy

If diverticulae is asymptomatic and is an accidental finding, no treatment is required. We recommend that patients adjust their diet, such as eating more fiber. For diverticulitis, **antibiotic therapy** (ciprofloxacin in combination with metronidazole) is chosen.

Surgical treatment is indicated for complications such as perforation, ileus or fistula.

Links

related articles

- Esophageal diverticula
- Abdominal pain

References

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