

DIVERTICULITIS

An Overview

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(2004)

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IMPORTANT

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Introduction

Diverticulitis is a condition in which the mucous membranes lining the colon become inflamed - resulting in the formation of small, pouch-like areas called diverticula.

Diverticulosis – the presence of diverticula, without infection, in the colon

Diverticulitis – inflammation of a/many diverticula.

(Picture right – Diverticula and Diverticulitis)



The pouches (diverticula) can develop anywhere on the digestive tract. However, diverticula most commonly form at the end of the descending and sigmoid colons, and they also frequently occur on the first section of the small intestine (although they rarely cause problems there).

Once diverticula develop, they do not go away. The diverticula themselves cause no symptoms, but if waste matter becomes trapped therein, they can become infected or inflamed, causing fever, chills, and pain.

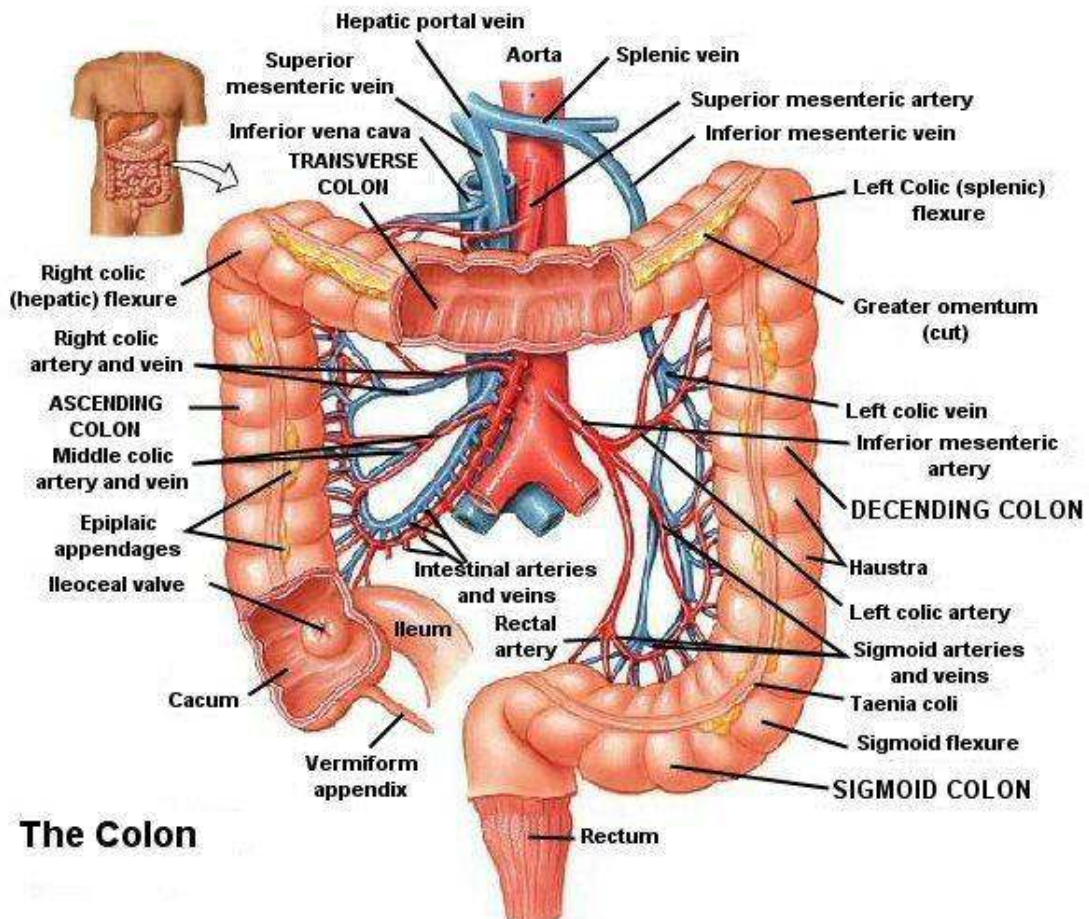
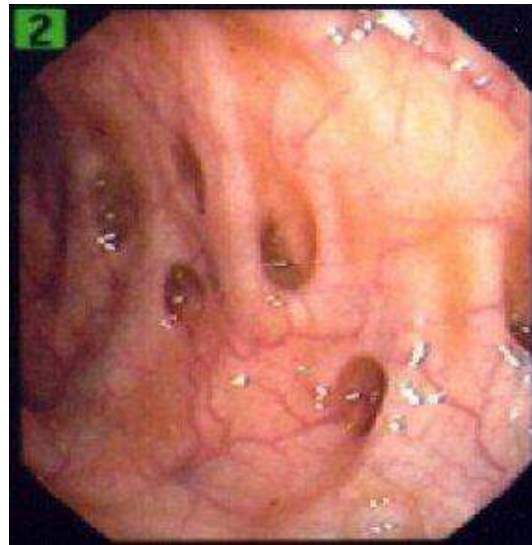
Signs

Diverticulitis usually strikes people between the ages of 50 and 90 years, and it affects millions of individuals. However, many individuals do not even know they have the condition, because they either experience no symptoms, or they accept the symptoms as simple indigestion.

(Picture right – Non-Complicated Diverticula in the Sigmoid Colon (Diverticulosis))

Diverticulitis may be acute or chronic. The acute form can manifest itself with one or more severe attacks of infection and inflammation. In chronic diverticulitis, inflammation and infection may subside, nevertheless they may never clear up completely.

(Picture below – The Colon)



The Colon

The inflammation of diverticulitis can eventually result in a bowel obstruction, which is indicated by constipation, thin stools, diarrhoea, abdominal distension, and abdominal pain. If the obstruction persists, abdominal pain and tenderness will increase, and the individual may experience nausea and vomiting. Diverticulitis may involve anything from a small abscess in one or more of the diverticula to a massive infection or perforation of the bowel. The symptoms are similar to those of appendicitis, except the location of the pain may differ.

(Picture right – Normal lining of the Colon)

If left untreated, diverticulitis can lead to serious complications requiring extensive surgery.

Abscesses may form around the infected diverticula, and if these go through the intestinal wall, the individual may develop peritonitis, a potentially fatal infection that requires immediate treatment. Sometimes scarring can occur, leading to a stricture or blockage of the intestine from the infection.

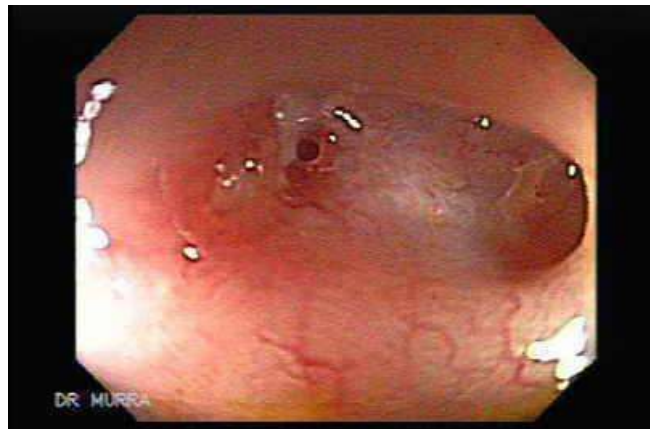
An infected diverticula can also reach an adjoining organ and form a connection, or fistula, between them. This most frequently occurs between the neighbouring kidneys. Another potential complication of diverticulitis is severe internal and colonic bleeding.



Picture right – Acute Diverticulitis)

Symptoms

- Abdominal pain
- Nausea/vomiting may occur
- Bloating
- Chills or fever
- Cramping, sometimes severe abdominal pain that is usually worse on the left side
- Tenderness on the left side of the abdomen that is relieved by passing gas or a bowel movement. Pain in the lower left quadrant of the abdomen that increases when the area is touched
- Constipation, thin stools, or diarrhoea
- Diverticulitis typically occurs when an individual is constipated. Eating a low-fibre diet, as is typical in industrialised countries such as the UK, may contribute to the development of diverticulitis. Without fibre to soften and add bulk, stools are harder to pass. Greatly increased pressure is required to force small portions of hard, dry stool through the bowel. This rise in pressure can cause pouches (diverticula) to form at weak points in the wall of the colon
- An almost constant need to eliminate
- Rectal bleeding, blood in the stool. Diverticula on rare occasions bleed bright red blood which may appear in the individual's stool
- Smoking and stress exacerbate symptoms. Diverticulitis is a classic example of a stress-related disorder
- Poor eating habits compound the problem. A poor diet, a family history of the disease, gallbladder disease, obesity, and coronary artery disease all increase the chances of developing diverticulitis



(Picture right – Diverticulitis and Fecaliths in the nearby diverticula)

Diagnosis

- **Examination:**
 1. Tenderness in the left lower abdomen

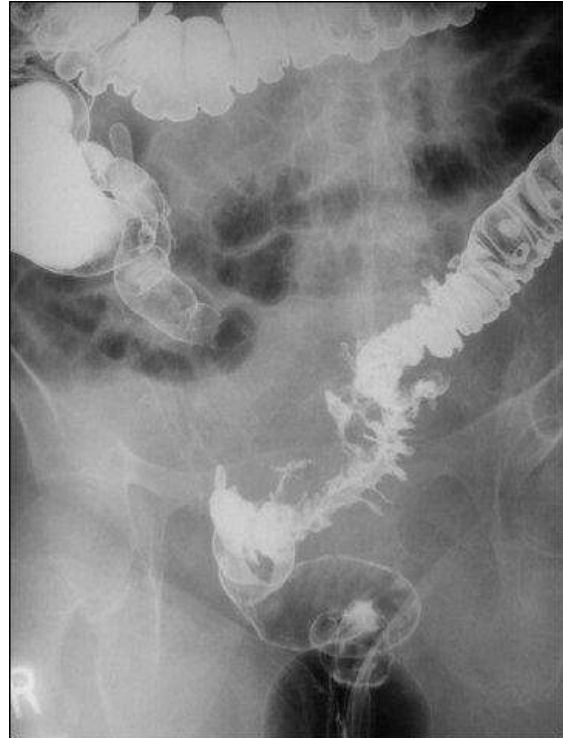


2. Sometimes a mass is felt in the left lower abdomen
3. Rectal examination may show microscopic or gross blood

- **Imaging:**

1. X-rays to confirm the colon has not perforated
2. CAT (Computer Axial Tomography) scan of the abdomen/pelvis if the diagnosis is unclear
3. Flexible sigmoidoscopy and barium enema only after symptoms are improved (if these tests are done prematurely they can cause a colon perforation)

(Picture right – X-ray of Sigmoid Colon showing Diverticulosis)



Risk Factors

- Low-fibre diet
- Over 40

Treatment

- **Mild cases:**

1. Low-fibre diet; gradually advance to a high-fibre diet
2. Antibiotics by mouth

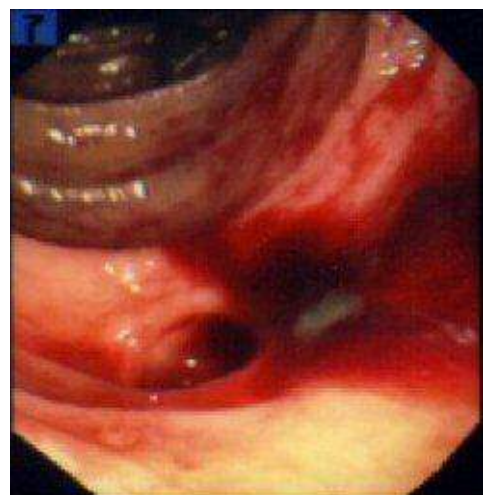
- **Severe cases:**

1. No food by mouth so that the bowels may rest
2. Intravenous fluids
3. Nasogastric tube if an ileus (intestinal blockage) is present (i.e. the colon is not functioning properly)
4. Intravenous antibiotics
5. Surgical treatment is required if the individual fails to respond to antibiotics.

Complications

- Abscess (large walled-off pus collection in the abdomen)
- Fistulas – abnormal tracts between the colon and other organs such as the bladder
- Peritonitis – infection of the fluid in the lining over the abdomen
- Colon stricture (scarring)
- Colon obstruction

(Picture right – Diverticula, with active bleeding, in the Sigmoid Colon)



Similar Conditions

- Ischemic Colitis
- Crohn's Disease
- Appendicitis
- Pelvic inflammatory disease
- Tubo-ovarian abscess
- Perforated colon cancer

Prevention

The best preventive of diverticulitis is a high-fibre diet, maintaining correct weight, and regular appropriate exercise.

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