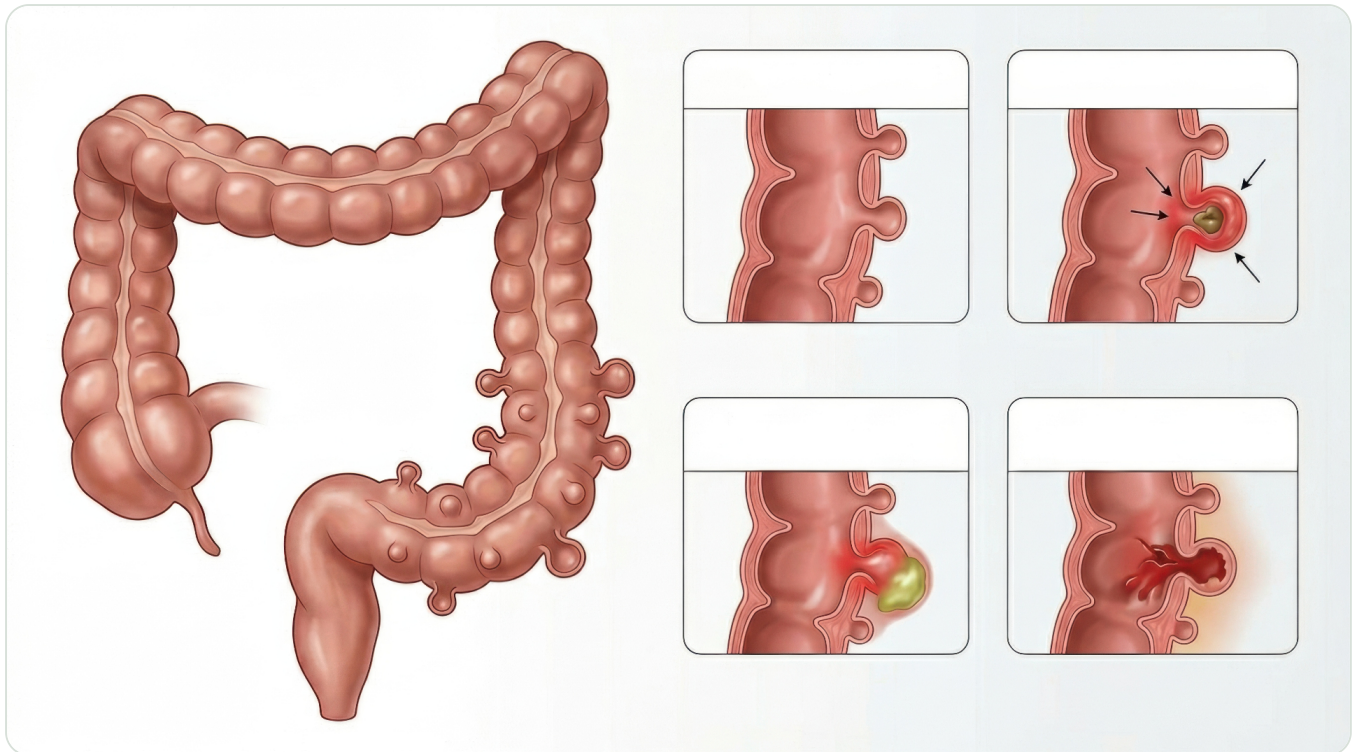


Diverticulitis vs. Diverticulosis: What's the difference, and when is it dangerous?



Many people confuse diverticulosis and **diverticulitis** - but the difference is crucial. The first is a common, usually harmless condition. The second is an acute inflammation that may require hospital admission or surgery.

Diverticulosis: Small pouches in the large intestine

Diverticula are small pouches (typically 5-10 mm) in the bowel wall, which form at weak points where blood vessels penetrate the muscle layer. They are predominantly found in the sigmoid colon (the S-shaped part of the large intestine).

The prevalence increases significantly with age: <10% in those under 40, but 50-70% of everyone over 70 [1]. Most are discovered incidentally during a colonoscopy or CT scan.

Risk factors include:

- Low fibre intake and a Western diet [2]
- Obesity and physical inactivity [3]
- Smoking and NSAID use [4]
- Genetic predisposition (40-50% hereditary component) [5]

Read also our article on [diverticulosis](#).

Diverticulitis: When a pouch becomes inflamed

Approximately 4-15% of people with diverticulosis will develop **diverticulitis** during their lifetime - an acute inflammation or micro-perforation of a diverticulum [6]. The condition is divided into:

- **Uncomplicated diverticulitis** (~80%): Localised inflammation without an abscess, perforation, or fistula
 - **Complicated diverticulitis** (~20%): Abscess, free perforation, obstruction, or fistula
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Symptoms

- Persistent pain in the lower left part of the abdomen ("left-sided appendicitis")
- Fever and elevated CRP
- Change in bowel habits ([constipation](#) or diarrhoea)
- Nausea, bloating
- With complications: severe pain, signs of peritonitis, urinary symptoms (fistula to the bladder)

The diagnosis is confirmed with a **CT scan** of the abdomen, which also classifies the severity (Hinchey classification) [7].

Treatment of uncomplicated diverticulitis

Previously, almost all cases were treated with antibiotics and hospital admission. Modern Danish and European guidelines now recommend:

- **Outpatient treatment without antibiotics** in selected patients (immunocompetent, without complications, CRP <140, no fever) [8]
- Rest, clear fluids gradually progressing to a normal diet
- Pain relief (paracetamol; avoid NSAIDs)

The landmark **AVOD study** (Sweden) and the Dutch **DIABOLO study** have documented that antibiotics do not speed up recovery or reduce complications in uncomplicated diverticulitis [9,10].

Treatment of complicated diverticulitis

- **Abscess <4 cm:** Antibiotics alone are often sufficient
 - **Abscess ≥4 cm:** Percutaneous drainage + antibiotics
 - **Free perforation/peritonitis:** Emergency surgery, typically a Hartmann's procedure or resection with primary anastomosis [11]
 - **Recurrent or complicated cases:** A planned elective sigmoid resection is considered - but NOT routinely after 2 attacks as was previously the case; the decision is made on an individual basis [12]
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Prevention

- **High-fibre diet** (25-30 g/day): Reduces the risk of symptomatic diverticular disease [13]
 - **Physical activity** and a normal weight
 - **Avoid smoking** and frequent NSAID use
 - It was previously recommended to avoid nuts, seeds, and popcorn - this has now been disproven and is no longer advised against [14]
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When should you contact a doctor?

Seek medical advice for:

- Persistent pain in the lower left abdomen for more than 24 hours

- Fever accompanied by abdominal pain
 - Severe bleeding from the rectum
 - Signs of peritonitis (rigid abdomen, severe pain, feeling generally unwell) → call 112
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Read also

[Diverticula of the intestine - a comprehensive overview](#)