Acute Diverticulitis

Updated April 2020 following publication of NICE guidance (NG147)

Infections are usually polymicrobial with the main organisms being:

- *Bacteroides spp.* and other anaerobes
- *Escherichia coli*
- other coliforms eg *Klebsiella*

For uncomplicated diverticulitis antibiotics are generally not indicated. A recent review (van Dijk et al 2018) of two randomised clinical trials concluded that in CT-proven uncomplicated diverticulitis omitting antibiotics did not result in any increased rate of recurrence, progression to complicated disease or need for sigmoid resection.

Admission should be considered for those patients with signs suggesting complicated disease, significant co-morbidities, diabetes mellitus, renal failure, malignancy, cirrhosis, or the use of oral corticosteroids, chemotherapy, or immunosuppressive drugs.

Management
Patients with mild, uncomplicated acute diverticulitis can be managed at home with paracetamol and clear fluids with review at 48 hours.
Review within 48 hours for clinical response

If the patient is assessed by the clinician as not responding to conservative treatment but is deemed not to require hospital admission, the following antimicrobial treatment should be considered:

Medication	Dose	Duration of TX
Co-amoxiclav	500/125mg three times a day	5 days
In penicillin allergy or if co-amoxiclav unsuitable:		
Trimethoprim **with** Metronidazole	200mg twice a day 400mg three times a day	5 days 5 days
Alternatively if trimethoprim is unsuitable: Ciprofloxacin (consider safety issues) **with** Metronidazole	 500mg twice a day 400mg three times a day	 5 days 5 days