

Clinical features

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- In mild cases, symptoms such as distension, flatulence and a sensation of heaviness in the lower abdomen may be indistinguishable from those of irritable bowel syndrome. These symptoms are thought to result from a combination of increased luminal pressure affecting wall tension and increased visceral hypersensitivity. Surgical treatment is rarely, if ever, appropriate for diverticular disease in the absence of complications. - Diverticulitis typically presents as persistent lower abdominal pain. There may be accompanying diarrhoea or constipation. The lower abdomen is tender, especially over the left iliac fossa, but occasionally also on the right side if the sigmoid loop lies across the midline. The sigmoid colon may be tender and thickened on palpation and rectal examination may reveal a tender mass if an abscess has formed. Distinguishing between diverticulitis and abscess formation is difficult on clinical grounds alone and radiological imaging is essential. Generalised peritonitis as a result of free perforation presents in the typical manner with systemic upset and generalised tenderness and guarding.
- Clinical features

Given the frailty of typical patients with sigmoid volvulus a history is not always forthcoming. Massive distension is key but pain is unusual and if present is a warning sign of ischaemia.

Figure 77.16 A sigmoid volvulus.

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