Investigation

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Radiology Plain radiographs can demonstrate a pneumoperitoneum. Spiral CT has excellent sensitivity and specificity for identify ing bowel wall thickening, abscess formation and extraluminal disease and has revolutionised the assessment of complicated diverticular disease (Figure 77.13). On identification of abscesses in stable patients, drainage, under interventional radiology guidance, ma y be carried out percutaneously , avoid ing the need for laparotomy/laparoscopy . Contrast studies and endoscopy are usually avoided for 6 weeks after an acute attack for fear of causing perforation. They are used subsequently , howe ver, to exclude a coexisting carcinoma and assess the extent of diverticular disease. Contrast examination or CT can demonstrate a fistula. Colonoscopy Endoscopic assessment may demonstrate the necks of diver ticula within the bowel lumen (Figure 77.14). A narrowed area of diverticular disease may be impassable because of the severity of disease and there is a significant risk of endoscopic perforation. Colonoscopy in these circumstances requires judgement and e xperience. Biopsies may be taken if possible ally contrast enema is required. Excluding a carcinoma may not always be possible and may represent an indication for resection.

Figure 77.13 Computed tomography scan demonstrating an abscess associated with diverticulitis (arrow) (courtesy of Dr D Kasir, Hope Hospital, Salford, UK).

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A supine abdominal radiograph is useful but not always diag - nostic (Figure 77.17). CT is the mainstay of diagnosis.

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