History

Acute Diverticulitis: The clinical presentation of acute diverticulitis depends on the progression of inflammation from micro or macro-perforation of the diverticulum involved. More frequently the inflammation is mild and limited to the colon wall and pericolic tissues. In addition, these perforations generally close quickly and the inflammation is kept outside of the lumen of the colon. Therefore, the presentation typically consists of acute abdominal pain with associated fever. The abdominal pain may be mild to severe, aching, or crampy. As the sigmoid colon is the most commonly involved part of the colon, the left lower quadrant is the most typical site of pain. However, in the case of a very redundant sigmoid colon pain may also be suprapubic or in the right lower quadrant. Changes in bowel habits, such as constipation or diarrhea, as well as nausea or vomiting, may be present in a large number of patients. If the inflammation is adjacent to the bladder, dysuria, urgency, or frequency may also be prominent complaints. These symptoms are usually present several days prior to admission, a time course which helps to differentiate from a more complicated case, or other causes of acute abdomen.

References:
8. Otterson MF, Korus BG. “Chapter 71. Diverticular Disease” (Chapter).