CT scans and the – Hinchey Classification

The management of acute diverticulitis is largely dictated by the stage of the disease at presentation. The modified Hinchey Classification scheme separates acute diverticulitis into a spectrum of severities. Mild clinical diverticulitis (stage 0) and inflammation confined to the pericolic region (stage 1a), meaning otherwise uncomplicated diverticulitis, are typically treated conservatively with bowel rest and antibiotics. If a patient is young, stable, able to tolerate adequate oral intake and has no comorbidities it may be appropriate to treat them as an outpatient with oral antibiotics that cover both gram negative rods and anaerobes such as metronidazole (Flagyl), ciprofloxacin, amoxicillin-clavulanate (Augmentin), and sulfamethoxazole-trimethoprim (Bactrim). However, as a general rule, the elderly, immunocompromised, those with significant comorbidities, or even those with high fever or significant leukocytosis should be hospitalized and treated with intravenous antibiotics.

The presence of a pericolic abscess or phlegmon (stage 1b) and that of a pelvic, retroperitoneal, or distant intraperitoneal abscess/phlegmon (stage 2) indicate the need for possible drainage in addition to antibiotics. The more severe complicated diverticulitis classifications include the presence of purulent peritonitis in which there is no communication between the bowel lumen and the peritoneal cavity (stage 3) and feculent peritonitis with open communication (stage 4). These patients will need emergent surgery.

References: