The management of diverticulitis: a review of the guidelines

To the Editor: The narrative review of diverticular disease by You and colleagues[1] is most welcome. While highlighting the ubiquity of the problem and factors that facilitate the development of the disease and outlining an evidence-based strategy to assess and manage the condition, it is also important to note patient factors, such as comorbidities treated with certain medications, which may facilitate uncomplicated disease becoming complicated. Further, commencing certain medications in patients with diverticular disease may often have unappreciated risks.[2–5]

Patients in the prevalent age group often have comorbidities, many of which may be treated with non-steroidal anti-inflammatory drugs, corticosteroids, opioids[2] and, occasionally, with immunosuppressive therapy. Of these medications, the risk of perforations is highest with corticosteroids.[4,5] Specifically, corticosteroids used in the management of rheumatic disease may increase the risk of diverticular abscess perforation 30-fold.[5]

The association between complications of diverticular disease and the administration of various medications, particularly corticosteroids, must be emphasised,[2–5] as both uncomplicated and complicated disease may present with non-specific symptoms, suggesting a broad differential diagnosis.[1] Medications must not be overlooked as an iatrogenic risk for complications for both existing and new users.

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