Diverticular Disease of the Colon

Colonic diverticulosis is the most common incidental lesion identified on routine colonoscopy. In the West, it is estimated that 15–30% of individuals will have diverticulosis (primarily located in the left colon) by the age of 50 and as many as 60–70% by the age of 80. The prevalence is, however, much lower in the East and in less developed areas of the world, such as Africa and parts of Asia, where it is found in only 4–5% of the population (with a predilection for the right colon). Most people with colonic diverticulosis remain asymptomatic. Diverticular disease generally denotes the development of complications, namely acute diverticulitis or diverticular hemorrhage, and is a major economic burden in the Western world. Diverticular disease accounts for an estimated 23,600 deaths per year in Europe and for around 312,000 hospital admissions, 1.5 million days of hospital stay, and more than 2.6 billion dollars in the USA.

Recent evidence has challenged long-held dogmas about disease pathophysiology, natural history, and management of complicated disease. In this special issue of *Inflammatory Intestinal Diseases*, selected experts provide the latest evidence-based updates on colonic diverticulosis and diverticular disease with special emphasis on the East vs. West differences in disease manifestation. The selected topics include: (1) **The Pathophysiology of Colonic Diverticulosis** by Drs. Elisei and Tursi from Italy, suggesting that constipation is no longer considered a direct cause of diverticulosis and that low-grade inflammation and/or dysbiosis may play a role in

Ala I. Sharara

symptom occurrence; (2) **The Burden of Diverticular Disease and Its Complications** by Drs. Imaeda and Hibi from Japan, highlighting the differences in the disease between East and West and the significant burden of the disease; (3) **The Natural History of Colonic Diverticulosis** by Drs. Rustom and Sharara from Lebanon, addressing the highly relevant question of “what to tell a patient with incidental diverticulosis on colonoscopy”, underlining the favorable outcome in the vast majority of such individuals; (4) **Antibiotics in Uncomplicated Acute Diverticulitis** is discussed by Drs. Rezapour and Stollman from the United States, who review emerging data that support more selective antibiotic use in this population and highlight newer guidelines that advocate

this position; (5) **The Multidisciplinary Management of Acute Complicated Diverticulitis** is discussed by Dr. Di Saverio and his colleagues from the Netherlands, United Kingdom, and Italy, advocating a systematic approach for accurate patient evaluation and selection to determine the appropriate treatment strategy for patients with complicated diverticulitis, highlighting the importance of an experienced surgeon with advanced skills in laparoscopic emergency colorectal surgery; (6) **Recurrent Acute Diverticulitis: When to Operate?** is reviewed by Drs. AlHarakeh, Paily, Doughan, and Shaikh from Lebanon and the United Kingdom, highlighting the need to individualize the decision and timing of elective surgical interventions in this population; and (7) **Management of Diverticular Hemorrhage** is

tackled by Drs. Mizuki, Tatemichi, and Nagata from Japan, who discuss the best clinical care pathway and the role of CT angiography and purge colonoscopy in the management of this difficult and at times frustrating complication of diverticulosis.

We believe this special issue written by experts from around the world provides a useful and up-to-date resource on colonic diverticulosis and its complications which can be of use to both generalists and specialists in the field. This is particularly important and timely given the rising burden of this disease and the new and emerging evidence challenging long-held dogmas regarding the pathophysiology, natural history, and management of this common condition.

Ala I. Sharara, Beirut