

PTU-018 **IS FOLLOW-UP ENDOSCOPY NECESSARY AFTER SUCCESSFUL MEDICAL TREATMENT OF CT-PROVEN ACUTE DIVERTICULITIS?**

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Introduction Accepted practice following resolution of medically treated acute diverticulitis is to perform subsequent luminal imaging. The aim of this clinical evaluation study was to assess this process and to quantify the added diagnostic value of follow-up endoscopy in patients with acute diverticulitis diagnosed by CT scan and treated conservatively with antibiotics and radiologically-guided abscess drainage if required.

Methods All patients admitted as an emergency with CT-proven diverticulitis from 1st January 2009 to 31st December 2009 were included. All case notes and imaging were reviewed, and the results of subsequent endoscopy recorded.

Results One hundred and ten patients (median age 63 years (range 35–97 years)) with CT-proven acute diverticulitis were admitted as an emergency over the 12 month period. Those patients requiring emergency surgery (n=14) were excluded. Of the 96 patients treated medically, subsequent endoscopy was arranged for 80 (83%). Of these, 73 (76%) attended for endoscopy. No cases of colorectal cancer were identified, including in those who did not have endoscopy. Additional pathology was identified in 13 (18%) patients, with hyperplastic polyps in 7 and adenomas in 6. Only one (1%) patient had an adenoma with high grade dysplasia.

Conclusion Although endoscopic follow-up was only carried out in 76% of patients, it is unlikely that any cancers were missed. It may not be necessary to perform subsequent endoscopy in patients with CT-proven diverticulitis that is successfully treated without the need for surgery, but a larger cohort of patients will be required to confirm this.

Competing interests None.

Keywords diverticulitis, endoscopy.