A 65-year-old man presents with his first episode of diverticulitis. He is hemodynamically normal and improves within 48 hours receiving antibiotics and nothing by mouth. CT reveals stranding of the sigmoid mesentery, but no free air or evidence of an abscess. The next step in treatment should be:

1. Resection, anastomosis
2. Resection and colostomy
3. Discharge and elective colectomy
4. **Discharge, oral antibiotics, and observation**
5. Colonoscopic intraluminal stent
A 48-year-old man presents with left lower quadrant pain, leukocytosis, and a low-grade fever. On physical examination, he has no peritoneal signs; an admission CT scan was interpreted as showing acute diverticulitis without perforation or abscess. After 72 hours of treatment with intravenous antibiotics and fluids, his abdominal pain has resolved, bowel function and appetite have returned, and the leukocytosis has resolved. **The next step should be:**

1. Sigmoid colectomy prior to discharge
2. Elective colectomy 6 to 8 weeks after discharge
3. Colonoscopy prior to discharge
4. **Observation and medical management after discharge**
5. Follow-up CT scan
Which of the following statements about jejunoileal diverticular disease is NOT true?

1. Most common in the proximal jejunum
2. Associated with visceral neuropathies and myopathies
3. True diverticula
4. Occur most commonly in the sixth or seven decade of life
5. Mortality rate exceeding mortality in colonic diverticulitis
A 38-year-old man presents with a 3-day history of left lower quadrant pain, nausea and vomiting, and anorexia. He is febrile to 103.5°F with a WBC count of 20,300/mm³. CT images of the abdomen and pelvis are shown. The most appropriate management would be:

1. Oral antibiotics and follow-up in 1 week
2. **Intravenous antibiotics**
3. CT-guided percutaneous drainage
4. Diverting loop colostomy
5. Sigmoid resection with colostomy and Hartmann procedure
Shortly after being hospitalized for complicated diverticulitis, a 54-year-old woman requires percutaneous drainage of a pericolonic abscess. One year previously she was hospitalized for uncomplicated diverticulitis. She has had 2 cesarean sections and a total abdominal hysterectomy. Placement of a ureteral stent in this patient prior to sigmoid colectomy would decrease the:

1. Overall operative cost
2. Likelihood of causing a ureteral injury
3. **Likelihood of missing a ureteral injury**
4. Overall operative morbidity
5. Operative blood loss
A 37-year-old obese man has a 1-day history of change in bowel movements, fever, and left lower quadrant pain. His WBC count is 11,800 cells/mm³. Abdominal computed tomographic (CT) scan shows thickened sigmoid with stranding of the surrounding fat, but no intraperitoneal air or extracolonic fluid collections. He is NPO and is receiving intravenous antibiotics. After four days in the hospital, he is clinically improved without leukocytosis or fever. Which of the following should be recommended to this patient?

1. Elective sigmoid colectomy before discharge
2. Elective sigmoid colectomy in 6 weeks
3. Colonoscopy in 6 weeks
4. Repeat CT scan in 6 weeks
5. Dietary counseling
A 66-year-old woman with long-standing rheumatoid arthritis requires emergency surgery for perforated sigmoid colon diverticulitis. She has been receiving oral corticosteroids, ie, prednisone, for years at a dose ranging from 10 to 20 mg/day. Her current daily dose is 20 mg. The recommended management of perioperative corticosteroids for this patient would be:

1. No systemic corticosteroids unless she demonstrates clinical signs of adrenal insufficiency, eg, hemodynamic instability
2. A 100-mg bolus of hydrocortisone at induction of anesthesia, with divided doses of 300 to 400 mg/day
3. **A 100-mg bolus of hydrocortisone with induction of anesthesia, then 2 to 3 days of hydrocortisone (150 mg/day in divided doses)**
4. A 100-mg bolus of hydrocortisone at induction of anesthesia, 300 to 400 mg hydrocortisone on the day of operation, followed by a taper of 50% day over the next 3 days
5. A 100-mg bolus of hydrocortisone at induction of anesthesia, followed by continuous infusion of hydrocortisone at a dose of 300 to 400 mg/day for 3 days