

## Left Lower Quadrant Pain-Suspected Diverticulitis

The most common cause of left lower abdominal pain in adults is diverticulitis, an inflammation of outpouchings that can develop in the colon. It is usually appropriate to get a CT with intravenous (IV) contrast of the lower abdomen and pelvis to confirm the diagnosis. Other imaging tests that may be appropriate include CT without IV contrast, ultrasound of the abdomen (<https://www.radiologyinfo.org/en/info/abdominus>), and MRI of the abdomen (<https://www.radiologyinfo.org/en/info/mri-abdomen-pelvis>). Unless complications are suspected, barium enema, abdominal X-ray, and ultrasound of the pelvis are usually not appropriate as the first imaging test.

Some possible complications of diverticulitis are blockage of the colon (obstruction), a hole in the colon (perforation), an abscess (an infected fluid collection in the abdomen), or a fistula (an abnormal connection from the colon to other structures). If the health care team suspects complications, CT with IV contrast is usually the most appropriate imaging test.

For people with suspected complications, CT without IV contrast, CT with bladder contrast, barium enema (<https://www.radiologyinfo.org/en/info/lowergi>), or cystography (x-ray images with bladder contrast) may also be appropriate.

Some individuals may not need a CT if their health care team has determined that the symptoms are typical of diverticulitis without complications or if the person has a history of diverticulitis and is having a recurrence. These individuals may be treated without any imaging. *For more information, see the Diverticulitis (<https://www.radiologyinfo.org/en/info/diverticulitis>) page.*

— By Susan Anemone, Nina S. Vincoff, MD. This information originally appeared in the *Journal of the American College of Radiology*.

### Disclaimer

This information is copied from the RadiologyInfo Web site (<http://www.radiologyinfo.org>) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at <http://www.radiologyinfo.org> to view or download the latest information.

**Note:** Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

### Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright © 2026 Radiological Society of North America, Inc.