

# Terminology and Misuse of Language are often an Impediment to Progress

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## Description

Certain thoughts, ideas, and even diseases fall in and out of fashion over time. One example of the latter is diverticulosis. As the older population in wealthy countries grows, diverticulosis is becoming more common. It affects the majority of people over the age of 80, places a significant strain on health-care resources, and is strangely overlooked by many gastroenterologists. There is a startling lack of evidence and many unsolved concerns for such a frequent and possibly essential disorder. Many clinicians, funding agencies, and fundamental scientists have been hesitant to promote study and investigate diverticulosis. It's not unexpected that medical treatment for diverticulosis has progressed slowly during the last half-century. However, recent breakthroughs in molecular biology and knowledge of the intestinal micro biota may soon be used to an understudied and possibly crippling illness [1].

First and foremost, the scope of the problem must be clarified, as well as the clinical spectrum's scope. There has been development in this area. The epidemiology of diverticular-related illnesses has changed significantly. Technology like computed tomography has improved the diagnosis of acute diverticulitis, not just in the elderly but also in a younger subpopulation, and population-based data has provided more accurate estimates of the true incidence of diverticulitis (1–2% among adults), which is lower than previously thought, but there is evidence of an increasing incidence of perforation. Complications appear to be predisposed by risk factors such as BMI, lack of exercise, comorbidity, smoking, and use of opiates and steroids. Terminology and abuse of language are frequently a hindrance to development; this is especially true in the case of diverticulosis, when a uniformity of diverticular-related words is desired. Thus, while the presence of diverticula in the colon (diverticulosis) may be asymptomatic, the illness is referred to as diverticular disease when it is symptomatic. Inflammation of the diverticula (diverticulitis) can cause symptomatic diverticular illness, which can lead to complications (complicated diverticular disease) such as abscess, perforation, stricture, fistula, or bleeding. The majority of diverticulitis cases are severe. However, it can become chronic in some cases, either as a result of recurrent diverticulitis or the development of a segmental colitis connected with the diverticula [2-5].

The illness is known as symptomatic uncomplicated diverticular disease when symptoms are present but there is no overt inflammation. The natural history and interrelationships of various diverticular syndromes, as well as the degree of overlap or dissociation from inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS), are unknown. There was a time when diverticulosis was thought to be a silent ailment that was only sometimes broken by sporadic episodes of diverticulitis, and individuals with persistent symptoms received little understanding or attention. Although prior cross-sectional

research had found a link between diverticulosis and an IBS-like syndrome, longitudinal data establishing a link between diverticulitis and the development of IBS was missing. Current is being addressed by the authors of a study published in this issue of Clinical Gastroenterology and Hepatology.

The study's assumption was that because an episode of severe inflammation caused by viral enteritis can produce chronic IBS in susceptible people, it's biologically feasible to think that diverticulitis could be a similar trigger. Following the exclusion of patients with a prior diagnosis of IBS or a similar disorder, the researchers conducted a retrospective case vs. control analysis of over 1000 patients with confirmed diverticulitis who were followed for an average of about 6 years in a Veterans Administration (VA) medical centre. Patients with diverticulitis were shown to be 4.7 times more likely to develop IBS and 2.4 times more likely to develop a functional bowel problem. It's worth noting that the differences were statistically significant even when fairly severe criteria for diagnosing diverticulitis were utilised, such as computed tomography findings or surgical resection.

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## Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

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