

guidelines allow for the outpatient treatment of those without 'appreciable fever, excessive vomiting, or marked peritonitis'. The NHS adds the recommendation to admit patients who are 'very elderly' or those with 'immunosuppression' with consideration for admission of those <40 years. The evidence for admitting the 'very elderly' and 'immunosuppressed' is quite clear and intuitive. The reason for admitting those <40 years is due to their increased risk for surgical complications with a RR of urgent surgery three to four times greater than the 40–65 years age group. While the reason for this increased risk is unclear, it may be that the genetic or physiological factors that predispose a young person to get what is considered a disease that affects older people also predispose to worse outcomes. In cases of perforated diverticulitis, patients should be admitted to a surgical service. In cases of diverticulitis with abscess formation, admission is still required but inpatient management may range from intravenous antibiotics and percutaneous drainage to surgical management.

Our patient was discharged on ciprofloxacin–metronidazole and follow-up was arranged with his primary doctor. His symptoms subsequently resolved over the next 2 weeks with no further complications.

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Images in emergency medicine

Symmetrical femoral vein bubble caused by decompression illness

A 76-year-old man was admitted to a nearby hospital for paralysis of the lower half of the body after a diving accident. Decompression illness was suspected, and he was treated with hyperbaric oxygen therapy (HBOT). However, he immediately developed convulsions; therefore, HBOT was discontinued and he was transferred to the intensive care unit of our hospital. On arrival, he did not breathe spontaneously, and his level of consciousness as defined by the Glasgow coma scale was 3 (E1V1M1). Because his general condition was extremely bad, we could not use HBOT. However, he subsequently started

breathing spontaneously without ventilator support, and he was discharged.

The initial plain CT before treatment in our hospital showed a symmetrical femoral vein bubble (figure 1). Other arteries or veins did not show any gas density, and the bilateral femoral vein showed only one intravascular bubble, although almost all decompression illness cases show multiple bubbles.

The reason for symmetrical solitary femoral bubbles is unknown; however, we presume the mechanism for the femoral vein bubble is slow blood flow like deep vein thrombosis.

Symmetrical femoral vein bubbles may be a useful initial CT indicator in decompression illness.

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Figure 1 Symmetrical femoral vein bubbles in plain CT.