Endoscopic findings of colorectum in patients presenting with bleeding per rectum

Makkie A. K. Alyouzbaki
From the Endoscopy Unit, Department of Medicine, Al-Salam Teaching Hospital, Mosul, Iraq.
Correspondence: Makkie A.K. Alyouzbaki. Youz.makkee@yahoo.com.

ABSTRACT

Objectives: To determine the causes of bleeding per rectum in patients undergoing flexible colo-rectal endoscopy, taking in consideration the frequency of serious causes in our locality, and to compare the results with others.

Patients and methods: A retrospective descriptive study done at Al-Salam Teaching Hospital, endoscopy unit, Mosul, Iraq. One hundred and eighty five patients underwent flexible colo-rectal endoscopy between January 2008 and December 2011 complaining of bleeding per rectum, biopsies were taken from lesions and sent for histopathology then the findings were tabulated and recorded.

Results: One hundred and eighty five patients, with mean age of 44 years, and a male:female ratio of 2.36:1. One hundred and twenty patients (64.86%) had hemorrhoids, 10 patients (5.4%) had hemorrhoids and fissure in ano, 20 patients (10.8%) had carcinoma, 14 patients (7.5%) with inflammatory bowel disease, 9 patients (4.8%) with non-specific proctitis and colitis, 9 patients (4.8%) had polyps, 2 patients (1.1%) with solitary rectal ulcer, and 1 patient (0.5%) had benign tumor.

Conclusion: An appreciable number of serious lesions was found in patients with rectal bleeding especially in those above 40 years of age.

Keywords: Rectal bleeding, sigmoid-colonoscopy.
INTRODUCTION

Bleeding per rectum is a common problem, approximately one in seven persons between the ages of 20 and 64 years have an attack of bleeding that requires medical help.\(^1\,^2\) It remains a diagnostic challenge on the basis of bleeding alone to distinguish between benign anal lesions and serious colorectal diseases.\(^3\,^5\) Bleeding anal lesions especially hemorrhoids and fissures are frequent causes of rectal bleeding that could coexist with colorectal carcinoma and endoscopy is indicated in these cases.\(^3\,^5\)

Lower gastrointestinal bleeding refers to any bleeding distal to the ligament of Trietz. The color of stool and the volume of bleeding are good indicators of the site of bleeding. Black tarry stool, medically referred to as melena, can occur in upper GI tract, also can occur from small bowel and proximal colon. Bright red stool is a sign of fast moving active bleeding.\(^6\,^7\) Lower gastrointestinal bleeding commonly seen at emergency, is usually less in frequency than upper GI bleeding.\(^8\) Approximately 85% of lower gastrointestinal bleeding involves the colon and 10% involves the upper GI tract and 3%-5% are of small bowel origin. Mortality rate from lower GI tract bleeding is 2%-4%.\(^9\) Lower gastrointestinal endoscopy is used to investigate myriad of symptoms due to diseases of rectum and colon. Colorectal endoscopy is mandatory in average risk patients who are fecal occult blood positive.\(^10\,^11\) The procedure aids in the diagnosis of premalignant lesions and early carcinoma and significantly reduces the mortality of colorectal carcinoma.\(^5\,^12\)

Iraq shares the epidemiological characteristics of colorectal cancer of developing countries in the Middle East, but a shift towards the western-style of living is leading to the increase of colon and rectal cancer incidence.\(^13\)

PATIENTS AND METHODS

This is a retrospective study from January 2008 to December 2011 of one hundred and eighty five patients who were referred to the endoscopy unit, at Al Salam Teaching Hospital, Mosul, Iraq, who underwent colonoscopy by the author using Olympus Japan SN-2510583/CF-P10 Storz video colonoscopy SN1349. All patients included in the study were complaining of bleeding per rectum, whether fresh blood or mixed with mucus. Patients who had upper GIT bleeding, acute bloody diarrhea and bleeding diathesis were excluded from the study. All patients were informed about the way of preparation. In most of the patients, the rectum and the left side of the colon were visualized, biopsies were taken from the lesions and sent to the pathology laboratory of our hospital and to private laboratories. All the findings and results were documented and tabulated according to their occurrence and seriousness in the endoscopy unit and some of the lesions were photographed.

RESULTS

One hundred and eighty five patients (185) were examined by flexible colorectal endoscopy from January 2008 to December 2011, their mean age was 44 years, and male:female ratio of 2.36:1. One hundred and thirty patients (70.2%) with mean age of 44.5 years and a male to female ratio of 3.3:1 (120 patients had hemorrhoids only, and 10 patients had both hemorrhoids and fissure in ano). Twenty patients (10.8%) with mean age of 50 year, and male:female ratio of 1.5:1 had malignant tumors of mucin secreting adenocarcinoma of moderate and poor differentiation, all of them were found in the rectum, sigmoid and descending colon. Fourteen patients (7.5%) with mean age of 37 years, and male:female ratio of 1.33:1 had inflammatory bowel disease, 12 patients had ulcerative colitis, and 2 patients had Crohn's disease. Nine patients (4.8%) with mean age of 42 years, and male: female ratio of 0.8:1 had polyps; 4 of them had single polyp, and the remaining five had multiple adenomatous polyps, 3 of the latter had severe dysplastic changes. Nine patients (4.8%) with mean age of 62 years, and male:female ratio of 1.2:1 had proctocolitis, 7 of them with non-specific type, the remaining two had psuedomembranous colitis. Two male patients (1.1%) aged 38 & 47 years had solitary rectal ulcer. One 35 years old male patient (0.5%), had metaplastic polyp, (Table 1).
bowel disease was found in 14 patients (7.5%) which is much lower than a study in Egypt (37.5%).25 and also much less than the Iraqi study done by Shubbar et al (71%).26 The figure is higher than that of the Ghana study.21 The age of the patients with inflammatory bowel disease was similar to the Iraqi study mentioned above. There were 9 patients (4.8%) with polyps, 5 of them had multiple polyposis with histopathological dysplasia and their mean age was 42 year, the figure is higher than those of Ghana study (2.9%)21 but less than a study done by Winawer SJ et al.27

Nine cases with non-specific proctitis and colitis (4.8%), were seen, the number is lower than the of the Iraqi study done by Shubbar et al.28 Solitary rectal ulcer syndrome was diagnosed in 2 patients representing 1.1% compared to 3.5% of Amira et al26 similar to that of Shhara.28 One patient presented with bleeding per rectum had metaplastic polypl at rectosigmoid area.

**CONCLUSION**

The study revealed that there was appreciable number of serious lesions especially cancer of the large bowel in advanced stages presented with bleeding per rectum.

**REFERENCES**

Endoscopic findings of the colorectum in.. Makkie A. K. Alyouzbaki