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Correlation between Clinical Diagnosis and Colonoscopic Findings of Patients Presented with Lower Gastrointestinal Bleeding

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Lower gastrointestinal bleeding is a frequently encountered problem in general medical practice. This bleeding comes from a site distal to ligament of Treitz. But it may also come from upper gastrointestinal tract when it is massive and pass through the stool. This study was intended to explore the causes of lower gastrointestinal bleeding and correlating them with their colonoscopic findings. This study was cross-sectional prospective. Sample was taken purposively. Out of 200 patients which were selected for the study, 122(61%) were male and 78(39%) were female with a male to female ratio of 5:3. The ages of the patients were ranging from 5 to 80 years with the mean age of 41.9±15.0 years; maximum 38(19%) patients were in 51 to 60 years. All patients were presented with per. rectal bleeding & underwent colonoscopy & maximum 57(28.5%) patients were diagnosed as hemorrhoids, followed by colorectal cancer in 55(27.5%) cases. In 10(5%) cases of haemorrhoids 2nd pathology was found associated with it. In 32(16%) cases colonoscopic findings were normal. It was concluded that the most common cause of lower gastrointestinal bleeding was hemorrhoids followed by colorectal cancer. But several cases of colon cancer were misdiagnosed clinically as colitis. So clinical diagnosis should be correlated & confirmed by colonoscopy and biopsy.

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Key words: Lower Gastrointestinal Bleeding, Colonoscopy.

Introduction

Rectal bleeding is a manifestation of lower gastrointestinal bleeding, which means bleeding from a site distal to ligament of Treitz. This bleeding may be overt or occult and overt bleeding can be acute, massive or chronic¹. In case of lower gut there was fresh blood in stool, but in case of upper gut upto ligament of treitz it is tarry stool and in case of mid gut upto proximal 1/3rd of transverse colon it is maroon colored stool. The aetiology of bleeding is highly variable and depends upon the nature of population studied. The aetiology of minimal bright bleeding per rectum is often difficult to determine because individual patients may have multiple potentially culpable lesions found at endoscopy. In addition to colorectal neoplasm (mostly adenomas) have been found in 16 percent of patients who were concurrently diagnosed with an anorectal source of bleeding². The causes of lower gastrointestinal bleeding may be grouped into several categories: anatomic (diverticulosis); vascular (angiodyplasia, ischaemic); inflammatory (infectious, idiopathic, and radiation-induced); and neoplastic¹. Overt rectal bleeding is a common symptom of colorectal

cancer and polyps but also occurs in apparently healthy people. It is not known how often this represents bleeding from an undiagnosed rectal or sigmoid polyp or cancer³. We assumed that smaller adenomatous polyps would progress to large adenomas in an average of 10 years and that large adenomatous polyps would progress to invasive cancer in an average of 10 years⁴.

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