Mymensingh Medical Journal

MMJ

Indexed In:
Index Medicus
MEDLINE &
PubMed

ISSN 1022 - 4742
NLM ID: 9601799

April 2015 Vol 24 No 2

Original Contribution

Content continued on inside front cover

Published by
Mymensingh Medical College, Bangladesh

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

***Rahman MM[1], Bhuiyan MH[2], Ferdaus AM[3], Mahmud R[4]**

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.

[Mymensingh Med J 2015 Apr; 24 (2): 238-243]

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 rectal bleeding may be overt or occult and overt bleeding can be acute, massive or chronic[1]. 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 bleeding[2]. The causes of lower gastrointestinal bleeding may be grouped into several categories: anatomic (diverticulosis); vascular (angiodysplasia, ischaemic); inflammatory (infectious, idiopathic, and radiation-induced); and neoplastic[1]. 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 cancer[3]. We assumed that smaller adenomatous polyps would progress to large polyps in an average of 10 years and that large adenomatous polyps would progress to invasive cancer in an average of 10 years[4].

1. **Professor Dr Md Matiur Rahman, Professor, Department of Surgery, Mymensingh Medical College, Mymensingh, Bangladesh*
2. *Dr Md Monir Hossain Bhuiyan, Assistant Professor, Department of Surgery, Mymensingh Medical College, Mymensingh, Bangladesh*
3. *Dr Md Ashek Mahmud Ferdaus, Registrar, Department of Surgery, Mymensingh Medical College Hospital, Mymensingh, Bangladesh*
4. *Dr Rasel Mahmud, Assistant Registrar, Department of Surgery, Mymensingh Medical College Hospital, Mymensingh, Bangladesh*

**for correspondence*

14. Bafndeh Y, Khoshbaten M, Sadat ATE, Farhang S.Colorectal neoplasm in symptomatic patient's withoyt evidence of bleeding: A prospective study in an Iranian population. Asian Pacific Journal of Cancer Prevention. 2007;8:485-8.
15. Wong RF, Khosla R, Moore JG, Kuwada SK. Consider Colonoscopy for Young Patient with haematochezia. The Journal of Family practice. November 2004;53(11):879-85.
16. ISmaila BO, Misauno MA. Colonoscopy in a Tertiary Hospital in Nigeria. Journal of Medicine in the Topics. 2011;13(2):72-4.
17. Alonso CF, Lamberechts EJG, Ferrer MF, Chaparro D, Pinto RC et al. Management of Lower Gastrointestinal Bleeding in the Emergency Department Short-Stay Unit. Emergencias. 2010;22:269-74.
18. Abufalgha F. Spectrum of the Causes of Lower Gastrointestinal Bleeding. Al- satil Journal. 2005;4:9-16.
19. Bond JH. Polyp Guideline: Diagnosis, Treatment, and surveillance for patients With Colorectal polyps. The American Journal of Gastroenterology. 2000;95:3053-63.
20. Zuccaro G. Management of the adult Patient with acute Lower Gastrointestinal Bleeding. AJG. 1998;93(8):1202-8.
21. Alamdaran A, Kianifar HR, Adelkhah A, MNuha Kassama AY. Diagnosis of Colorectal Polyps by Hydrocolonic Sonography in Children with Rectal Bleeding. Iran J Radiol. Summer 2006;3(4):235-9.
22. Krabshuis JH, Fried M, Hunt RH, Murphy T. Diverticular Disease. World Gastroenterology Organisation Practice Guidelines. 2007:1-16.