

Original Research Article

Role of colonoscopy in haemorrhoids with other colorectal disorders

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ABSTRACT

Background: Haemorrhoids are the enlargement or engorgement of the normal fibrovascular anal cushions. These fibrovascular cushions lose their attachment to the underlying rectal wall and lead to prolapse with repeated straining over time, thinning of rectal mucosa and subsequent bleeding. The objective of the present endeavour was to study the prevalence of associated colorectal lesions like colonic carcinoma, diverticular disease, inflammatory bowel disease which present the rectal bleeding and role of colonoscopy in these lesions

Methods: This study was conducted in hundred fifty patients presenting with bleeding and haemorrhoids were analyzed. All patients were examined locally and endoscopically. All significant endoscopic findings (diverticuli, polyps, cancer, angiodysplasia and varices or colitis) were recorded.

Results: Majority of patients were males (102), accounting for (68 percent). The main symptom at the time of presentation was rectal bleeding (90 percent). The digital rectal examination was normal in 114 patients. The commonest finding on proctoscopy examination was haemorrhoids. Colonoscopy showed haemorrhoids in maximum patients (147 percent). The associate lesions with altered bowel habits were growth in 12, worm in 6, solitary rectal ulcer in 3, pancolitis in 3.

Conclusions: It can be concluded that in the present study colonoscopy revealed a high proportion of colorectal pathologies with haemorrhoids presenting with bleeding per rectum. Colonoscopy thus proved to be very useful procedure in patients with haemorrhoids especially in elderly.

Keywords: Colonoscopy, Colitis, Colorectal cancer, Haemorrhoids, Rectal polyp, Stricture

INTRODUCTION

Haemorrhoidal disease is the most prevalent anorectal condition with a peak period of onset between 45-65 years of age.¹ True haemorrhoidal symptoms are relatively specific, patient either present with bright red blood per rectum or a prolapsing anal mass. The rectal bleeding may divert the attention from other possible causes like colonic carcinoma, colorectal polyp, diverticular disease and inflammatory disease associated with hemorrhoids.² Utmost care is exercised in making the final diagnosis of hemorrhoids. A complete evaluation of patient is indicated including a rectal

examination, sigmoidoscopy or colonoscopy.³ Direct visualization of the colonic mucosa following the development of flexible fibreoptic colonoscope has afforded surgeon an easy means of investigating and treating myriad of symptoms. Colonoscopy is an established procedure in the workup and screening of patients presenting with hemorrhoids to rule out other associated diseases in the colon.⁴ The demand for colonoscopy has increased over the years given the relative safety and the low complication rate associated with the procedure.⁵ It provides visual diagnosis and opportunity for biopsy and removal of suspected lesion.

METHODS

This study was conducted in the department of surgery and gastroenterology in Government Medical College Srinagar from October 2016 to September 2017. After taking approval from ethical committee and informed written consent, patients were included in the study. The study comprised of hundred fifty patients diagnosed as a case of haemorrhoids. In each patient proper history including gastrointestinal symptoms and bowel habits were recorded. Digital rectal examination, proctoscopy was performed in all patients to diagnose haemorrhoids. Colonoscopy was performed preceded by proper preparation with polyethylene glycol. Colonoscopy was done as an OPD procedure under conscious sedation using medazolam 2 mg by intravenous route. Whole of the colon was examined up to terminal ileum. Haemorrhoids along with additional findings were noted. All the findings were noted and analysis was done in the study patients with rectal bleeding having age greater than 20 years with documented haemorrhoids were included. Patients with previous haemorrhoidal surgery, carcinoma colon and chronic liver disease were excluded from the study. The data were assessed using complementary-descriptive statistical method. The categorical variables were expressed as percentage (%) values.

RESULTS

Majority of the patients were males (102), accounting for 68 percent, whereas females were 48, constituting 32 percent. Majority of patients, 70 percent were between 31-60 years of age. The youngest patients were 22 years male and oldest was 80 years old male. The main symptom at the time of presentation was rectal bleeding (90 percent), anemia (58 percent), altered bowel habits (20 percent), painful defecation (16 percent), mucus discharge (14 percent) and loss of weight (8 percent) (Table 1).

Table 1: Symptoms along with percentage.

Presentation	Number of patients	Percentage
Rectal bleeding	135	90%
Painful defecation	24	16%
Altered bowel habits	30	20%
Mucus discharge	21	14%
Anemia	87	58%
Loss of weight	12	8%

In present study 108 (72 percent) patients presented with a single symptom, whereas 42 (28 percent) patients presented with multiple symptoms. The commonest finding on proctoscopic examination was haemorrhoids. Grade II haemorrhoids were found in 70 percent of the patients, whereas grade I in 14 percent and grade III in 16 percent of patients (Table 2).

Table 2: Proctoscopic findings of patients.

Proctoscopic finding	Number of patients	Percentage
Grade I haemorrhoids	21	14%
Grade II haemorrhoids	105	70%
Grade III haemorrhoids	24	16%
Proctitis	6	4%
Nodular lesion	3	2%

The commonest finding on colonoscopic examination was haemorrhoids (98 percent), polyps were found in 15 patients (10 percent), of these polyps all were hamartomatous polyps. Growth was detected in 12 patients (8 percent). Four patients had a large ulcerative growth at 10 cm from anal verge; three had growth 15 cm from anal verge. In rest of the patient's growth were present at 20cm, 25cm, 35 cm, 40 cm and 50 cm from the anal verge respectively. Stricture was present in 2 patients (4 percent). Multiple aphthous ulcers in the ascending colon were found in 6 patients (4 percent). In 3 patients (2 percent) there was evidence of pancolitis and worm infestation in 3 patients (Table 3).

Table 3: Colonoscopic findings with patients.

Colonoscopic findings	Number of patients	percentage
Grade II Haemorrhoids	126	84%
Internoexternal haemorrhoids	18	12%
Thrombosed piles	3	2%
Polyps	15	10%
Growth	12	8%
Stricture sigmoid colon	3	2%
Pancolitis	2	2%
Pin worm	6	4%
Hook worm	3	2%
Caecal ulcer	3	2%
Multiple upthous ulcer	6	4%
Stricture ileocolic region	3	2%

DISCUSSION

In the management of rectal bleeding age is the key factor for evaluation. Certain disorders such as colonic cancer, diverticular disease, colorectal polyps and vascular abnormalities also present with bleeding per rectum.⁶ Majority of patients belonged to the age group of 31 to 60 years (70 percent), this finding was similar to Sayeed MA et al, in which 75 percent of patients belonged to the age group of 31 to 60 years.⁷ The common mode of presentation in the study was rectal bleeding which was present in 135 (90 percent) patients. Anemia was present in 87 (58 percent), altered bowel habits in 30 (20 percent), pain full defecation in 8 (16 percent), mucus and pus discharge in 7 (14 percent) and loss of weight in 12 (8 percent) patients. These findings were in

accordance with that of Jani PG et al, in which 92 percent of patients presented with rectal bleeding, mucus and pus discharge was seen in 13 percent of patients, however altered bowel habits were present in 31 percent of the patients which was much higher as compared to present study.⁸ In the present study, 30 (20 percent) patients presented with alteration in bowel habits and colonoscopic examination revealed growth in 12 patients, worm infestation in 3, solitary rectal ulcer in 3, stricture in 3 and pancolitis in 3 patient, these findings were in comparison with the findings Syeed MA et al.⁷ Anemia was present in 87 (58 percent) patients with haemoglobin level of less than 10 gm/dl. The incidence was almost similar to the study conducted by Bal et al, in which 43 percent of the patients with additional pathologies presented with anaemia.⁹ The incidence of inflammatory disease particularly ulcerative colitis in the present study was much lower than 2 percent, which is in accordance with the study conducted by Sayeed MA et al, where the incidence of inflammatory bowel disease was 2.10 percent.⁷ In the present study colorectal cancer were found in 12 (8 percent) patients. Out of these 12 patients, 11 patients with colorectal cancer were more than 50 years of age, which was in accordance with the overall incidence of 4 to 19 percent reported in some series, which included patients older than 50 years.^{10,11} A study conducted by Mbengue M et al, in which 143 patients underwent colonoscopy for rectal bleeding, findings were normal in 9.8 percent of cases. The most common lesion was haemorrhoids (53.14 percent), rectocolitis (17.5 percent), cancer (11.9 percent), and polyps (11.2 percent). Multiple lesions were found in 20 (14 percent) of patients.¹² They recommended that in patients with rectal bleeding and age more than 50 years colonoscopy must be performed at least up to the splenic flexure. Similar findings were observed by Khder SA et al, in their study where most of the polyps were identified in patients older than 50 years, predominately men.¹³ The findings of the present study were in accordance with the above studies. This study has proved that colonoscopy is very important in all cases presenting with prolonged rectal bleeding. Since no complication were observed during the course of this study, authors recommend that colonoscopy should be offered to all patients especially above 50 years of age to rule out other pathological conditions.

CONCLUSION

Colonoscopy thus proved to be very useful procedure in patients with haemorrhoids. Thus, authors strongly recommend its use in every case of haemorrhoids especially in patients above 50 years of age because of its high accuracy in detecting associated colorectal pathologies.

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