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Original Article

Colonoscopy in the diagnosis of acute lower gastrointestinal bleeding

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ABSTRACT

Lower gastrointestinal bleeding is defined as a bleeding originated from a source distal to the Treitz ligament and the colonoscopy is well established as the diagnostic procedure of choice.

Objective: To evaluate the results of colonoscopies performed to diagnose the cause of acute lower gastrointestinal bleeding in a general hospital at Mato Grosso do Sul.

Material and methods: Colonoscopy procedures performed in the Endoscopy service of the Hospital Regional de Mato Grosso do Sul in those patients admitted due to an acute lower gastrointestinal bleeding from January 2014 to December 2015 were analyzed retrospectively. The studied variables were age, gender, diagnosis and localization of the lesion.

Results: The mean age was 66 years, and there was a little predominance of the male gender. Diverticular disease was the main cause of lower gastrointestinal bleeding in this study, followed by cancer, inflammatory gastrointestinal disease, polyps, and angiodysplasia.

Conclusion: The colonoscopy showed to be an effective diagnostic method in the case of acute lower gastrointestinal bleeding and a good therapeutic tool in the case of diverticular disease and angiodysplasia.

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A colonoscopia no diagnóstico da hemorragia digestiva baixa aguda

R E S U M O

Hemorragia digestiva baixa é definida como sangramento originado de uma fonte distal ao ligamento de Treitz e a colonoscopia esta bem estabelecida como o seu procedimento diagnóstico de escolha.

Palavras-chave:

Colonoscopia

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Objetivo: Avaliar os resultados das colonoscopias realizadas para elucidação diagnóstica dos casos de Hemorragia digestiva baixa aguda em um Hospital Geral de Mato Grosso do Sul.

Materiais e métodos: Foram analisadas, de forma retrospectiva, as colonoscopias realizadas nos pacientes internados devido à hemorragia digestiva baixa aguda, no período de janeiro de 2014 a dezembro de 2015, no serviço de endoscopia digestiva do Hospital Regional de Mato Grosso do Sul. As variáveis estudadas foram a idade, sexo, diagnóstico e localização da lesão.

Resultados: A média de idade foi de 66 anos, com uma discreta predominância do sexo masculino. A doença diverticular foi a principal causa de hemorragia digestiva baixa nesse estudo, seguido de neoplasias, doença inflamatória intestinal, pólipos e angiodisplasia.

Conclusão: A colonoscopia mostrou-se como método efetivo no diagnóstico dos casos de Hemorragia digestiva baixa aguda e como uma boa ferramenta terapêutica também nos casos de angiodisplasia.

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Introduction

Lower gastrointestinal bleeding is defined as a bleeding originated from a source distal to the ligament of Treitz. Despite the spontaneous cessation in 80% of cases of acute lower gastrointestinal bleeding, the identification of the bleeding source remains a challenging task and rebleeding can occur in up to 25% of cases.¹

Colonoscopy is defined as the diagnostic procedure of choice in the presence of acute lower gastrointestinal bleeding.^{2,3} Its diagnostic accuracy varies from 72% to 86%.⁴ Diverticular disease is the most common cause of lower intestinal bleeding, followed by polyps, malignancy, inflammatory bowel disease and angiodysplasia.⁵

A proper diagnosis of a clinical picture of acute lower gastrointestinal bleeding is of paramount importance, given its potential for rebleeding and, in addition, because this condition may be a manifestation of malignancy.

This study aimed to evaluate the results of colonoscopy procedures carried out in order to obtain a laboratory diagnosis of acute lower gastrointestinal bleeding in a general hospital of Mato Grosso do Sul.

Objective

To evaluate the results of colonoscopies performed to obtain a laboratory diagnosis of cases of acute lower gastrointestinal bleeding in a general hospital of Mato Grosso do Sul.

Materials and methods

Colonoscopies in patients hospitalized due to acute lower gastrointestinal bleeding were retrospectively evaluated from January 2014 to December 2015. Lower gastrointestinal bleeding was defined as the presence of intestinal bleeding, hematochezia, or melena when the occurrence of upper gastrointestinal bleeding was excluded by upper digestive endoscopy. The examinations were performed in the

Table 1 – The gender distribution of patients undergoing colonoscopy due to acute lower gastrointestinal bleeding.

Gender	Number of patients	%
Male	55	48.5
Female	52	41.5
Total	107	100

Endoscopy Service, Hospital Regional de Mato Grosso do Sul, and the data were collected from their electronic records.

The variables studied were:

1. Gender.
2. Age.
3. Diagnosis of injury.
4. The site of the lesion.

Patients with bleeding from orificial disease and those coming from the outpatient investigation were excluded.

Results

One hundred and seven patients were studied and with a slight predominance of males (Table 1). The mean age of patients was 66 years, ranging from 16 to 102 years. Of the total number of examinations performed, 21 (19.6%) were normal. At the time of the examination, 88.7% of patients no longer suffered an active bleeding.

The colonic disease most often found in this study was diverticular disease, accounting for 54.4% of cases, followed by neoplasias, inflammatory bowel disease, polyps and angiodysplasia (Fig. 1). As for gender distribution, we observed a higher frequency of inflammatory bowel disease as a cause of lower gastrointestinal bleeding in female patients (Fig. 2).

Diffuse diverticular disease was the condition most associated with lower gastrointestinal bleeding, followed by diverticulitis of the sigmoid colon (Fig. 3). Of the 31 patients with the diffuse diverticular disease, in 15 cases it was not possible to identify the precise focus of bleeding. Three patients

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