International Journal of Research
Available at https://edupediapublications.org/journals
e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 05 Issue 15
May 2018

Causes and Frequency Of Per Rectal Bleeding In Feamle Patients Presented In Surgical Department Of Nishter Hospital Multan

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ABSTRACT

Objective: To determine the disease pattern in female patients with rectal bleeding in Surgical Unit I of Nishter Hospital, Multan

Study plan: This is a Cross-sectional descriptive study

Location and duration of the study: The study was performed in the surgical department of Nishter Hospital, Multan from December 2016 to December 2017.

Materials and Methods: 110 women with rectal bleeding were included. In the studio. The appropriate history and examination were performed and diagnostic methods such as digital rectal examination and proctoscopy were applied. Selected patients underwent anesthesia, sigmoidoscopy, colonoscopy and biopsy tests done to achieve definite diagnosis.

Findings: The average age of women ranged from 12 to 76. Anal fissure (59%) was the main cause of rectal bleeding. The second most common cause of rectal bleeding was hemorrhoids (34%). Colorectal cancer was diagnosed in 2% of the patients and IBD was diagnosed in 2% of the patients. One patient underwent a cryptococcal infection.

Conclusion: Anal fissure is the most common cause of rectal bleeding in women and is followed by hemorrhoids. The incidence of colorectal cancer in patients with rectal bleeding is not unimportant in our structure.

Key words: Anal fissure, rectum bleeding, colorectal cancer, hemorrhoids.

INTRODUCTION

Rectal bleeding indicates a lower stomach-intestinal (GI) bleeding. Treating bleeding from the distal of the ligament of Treitz is considered a lower gastrointestinal bleeding. It is a common symptom of 20% per year. Rectal bleeding is more common in women than in men. Patients are common in the community but there are fewer health institutions and 30-50% of them visit the hospital. Patients with low GI often have hematochezia. Rectal bleeding can be painful or painless with changes in bowel habits. Previously rectal bleeding was considered a high risk of colorectal cancer; However, there is a low predictive value for carcinoma. Rectal bleeding can result from many different conditions. Hemorrhoids are the most common cause of rectal bleeding. Other causes include anal fissure, inflammatory bowel disease (IBD), colorectal malignancy, infections and radiation. Hemorrhoids and anal fissures cause rectal bleeding. The incidence of colorectal cancer in both sexes is Rawalpindi floods with both men and women visiting Punjab and Kashmir 40 years of age. Benazir Bhutto Hospital has the most common internal malignancies. During the examination of women patients, many patients were reluctant to be tested for rectum and perineal organs, and most of them had chronic symptoms. We also discovered that rectal bleeding women often visit us. Some women with rectal bleeding also reported having colorectal cancer. The chronic symptoms and appearance of Rectum CA are worrying. In this context, we plan to investigate the pattern of diseases among women living in our region. Thus, we can suggest or implement positive changes in the environment in terms of good wishes of our patients.

MATERIALS AND METHODS

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The study was performed in the surgical Unit I of Nishter Hospital, Multan. Patients were selected from OPD for one year duration from December 2016 to December 2017. The sample was collected with a non-sequential probabilistic sampling technique. All female patients over 10 years of age who were referred to the study with rectal bleeding in open patient group were included. Patients with known hemorrhagic diathesis, drug use, chronic liver disease (CAD) and chronic renal failure (CRF) were excluded from the study. The work permit was issued by the ethics committee of Nishter Hospital, Multan. The written patient was taken from all patients to be included in the study. To reach the final diagnosis, detailed examination, appropriate history and compulsory examinations were performed. US, biopsy and Proctoscopy were performed when necessary. In all patients older than 40 years, a sigmoidoscopy of carcinoma (CA) and inflammatory bowel disease (IBD) was suspected. The patients who were to be admitted to the hospital were admitted to the service. The findings were recorded in the proform. Statistical analysis was performed with SPSS window software version 14.0. Calculated frequencies and percentages for anal fissure, hemorrhoids, recta and IBD.

Table-I: Frequency of diseases in females presenting with bleeding per rectum (n=100)

Disease	Number of Patients	Percentage
Anal fissure	59	59%
Hemorrhoids	34	34%
Colorectal cancer	4	4%
IBD	2	2%
Cryptococcal infection	1	1%

RESULTS

All 110 patients were female; the age was 12 to 76 years. 80 patients were married, 30 were bachelor. All the patients presented a bleeding story from rectum. The average age of the patients was 34. In our study, five types of disease causing rectal bleeding were shown in women such as anal fissure, hemorrhoids, colorectal cancer, IBD and cryptococcal fungal infection (Table 1). Anal fissure was the most common (59%). A 22-year-old married patient was diagnosed with a cryptococcal infection with a biopsy.

Anal fissure was the main cause of rectal bleeding in women with the highest number of patients in the third and fourth years of life. However, there was no patient with anal fissure over 40 years of age. The second most common cause of rectal bleeding in women is hemorrhoids, which have a maximum incidence in the fourth and fifth years of life. Anal pain was present in 50% of hemorrhoid patients. Four (4%) patients were diagnosed with colorectal cancer at the fifth and sixth decades of life (Table II). Three patients with colorectal cancer (75%) developed painful rectal bleeding. IBD was diagnosed in two patients, one in the third and one in the fourth decade.

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Table II: Distribution of causes of rectal bleeding in females according to age groups

Age Decades	11-20	21-30	31-40	41-50	51-60	60-70	Above 70
Number of patients	12	36	24	19	5	3	1
Anal fissure	12	33	14	-	-	-	-
Hemorrhoids	-	1	9	16	4	3	1
Colorectal cancer				3	1		
IBD		1	1				
Cryptococcal infection		1					

A 22-year-old married patient underwent a healing mental infection that was diagnosed histopathologically.

DISCUSSION

Rectal hemorrhage is one of the most common symptoms in various parts of the world. The cause of this bleeding is usually benign, but it is a question of increased incidence of colorectal cancer. We studied 100 women with rectal bleeding and found some different results from previous studies. Almost all previous studies have taken patients from both sexes. In this context, our work is unique because we have included and examined only female patients. We've seen many women with rectal bleeding suffer from anal fissure. In this study, 59% of women suffered from anal fissure; 78% were painful, most of the studies involving men and women show that hemorrhoids are the most common cause of rectal bleeding. Anal fissure has not been reported as a major source of rectal bleeding in our study. The incidence of unexpected anal fissure in such a large population. However, only women may be ill. In our society, women are hesitant to check their perineal and pelvic organs, and anal fissured severe pain may have forced them to seek advice on medical care. And the fact that women with less severe painful hemorrhoids did not come to the examination could cause a major change in outcome.

This shows that our regions need a lot of knowledge about health and fitness. Gayer and colleagues examined 1112 patients with low-grade gastrointestinal bleeding and found no cases with anal fissure, but there was hemorrhoids in 22.5%. Manzoor and colleagues studied 200 patients with rectal bleeding and found anal fissure (27%) the second most common cause. In our study, the greatest number of anal fissures occurred in the third and fourth years of life. In this context, the study by Dziki and colleagues supports my work because they report the incidence of anal fissure during the third and fourth years of life. In our study, hemorrhoids in women accounted for 34% of rectal bleedings. In other words, hemorrhoids were the second most common cause of rectal bleeding in women. However, the incidence of hemorrhoids is much lower than other studies. Benita and colleagues examined 547 patients who had rectal bleeding, and 94% of patients had hemorrhoids. Shennak and Tarawneh also observed hemorrhoids as the main cause of rectal bleeding. In a study by Manzoor et al., Hemorrhoids accounted for 58% of total rectal bleeding. In our study, most hemorrhoids were found in patients who were in the fourth and fifth years of life. Rhee and Lee reported haemorrhoids and fissures as the most common cause of rectal bleeding (65.5%). However, in my study, the maximum number of hemorrhoid patients is in the fourth decade of life, which supports

my work. Wienert et al. Reported that the incidence of hemorrhoids increased at the beginning of the second decade of life. But our study reported that only one patient had hemorrhoids in the second decade of life. Taking into consideration these changes in the outcome, we recommend that more specialists work to evaluate rectal bleeding in women.

Four (4%) cases with colorectal cancer were reported in women with rectal bleeding in our study. Robertson et al16 examined 604 patients with rectal hemorrhage and reported a 3.6% incidence of colorectal cancer that was very similar to that seen in our studies. Similarly, Siegel et al. In the United States, women reported a 2.9% incidence of colorectal cancer. In the studies performed by Manzoor et al. And Anwer et al., The mean age of colorectal cancer patients was 50 and 46.5, respectively. Our study suggests that the incidence of colorectal cancer in women in our region can not be ignored. For this reason, women over 40 years of age who have bleeding in the rectum should consult the provider of health care for early evaluation and control. In our study 2 (2%) patients were diagnosed with IBD. Molodecky et al. The incidence of IBD per 100 000 people per year in Asia and the Middle East has been reported. In this sense, IBD is also important in women with rectal bleeding in our structure. Shaw and Uzma have shown in a rapport from Karachi that they see three IBD cases confused with intestinal tuberculosis. This should be suspected and decided on IBD in patients with rectal bleeding. Thus, full history, appropriate examination and necessary tests should be performed on women with rectal bleeding. Similarly, a cryptococcal fungal infection was diagnosed on a female biopsy. A study by Dixon supports our conclusions about fungal infection and rectal bleeding. In other words, fungal infections can cause rectal bleeding.

A complete history and a complete examination are required to reach a definite diagnosis in female patients with rectal bleeding in our configuration. Other symptoms such as anemia, hemodynamic instability, and abdominal discomfort may be associated with rectal bleeding. Digital rectal examination (DRE) and proctoscopy should be performed except anal fissured patients. Painful bleeding or anal fissure can be examined under a test (USA) under anesthesia. Acute anal fissures heal spontaneously or can be treated conservatively. Chronic anal fissures require careful examination and non-therapeutic chronic fissures may require surgical procedures. Sigmoidoscopy, colonoscopy and biopsy can be performed on selected patients. In short, our study emphasizes a huge difference in our results in female patients who are outbreaks of confection. The increase in the number of anal fissures and rectum, and the reduction in hemorrhoid incidence, have been distinguished from previous studies. In our construct, detailed history, detailed review, compulsory investigations and counter-treatment of rectal bleeding women are of great importance. Comprehensive and encouraging health awareness programs for women in our community will help improve the health status of women.

CONCLUSION

Anal fissure is the most common cause of rectum hemorrhage in women and is followed by hemorrhoids. The incidence of colorectal cancer in patients with rectal bleeding is not unimportant in our structure. Most importantly, the frequency of colorectal cancer in women with rectal bleeding.

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