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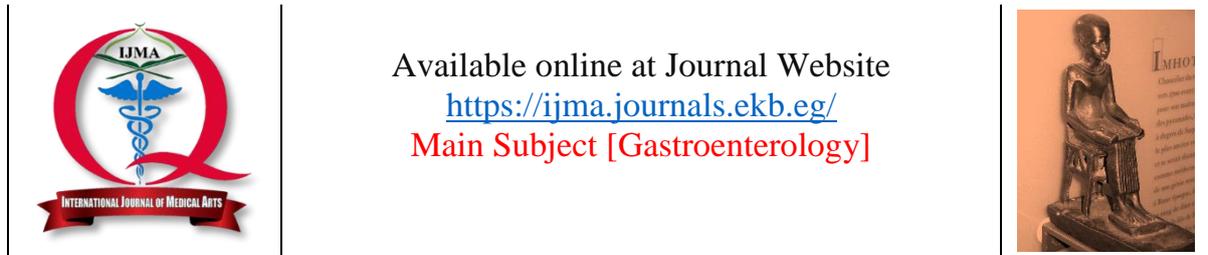
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Original Article

Colonoscopic Findings in Patients Attended At Al Azhar Assiut University Hospital Endoscopy Unit in the Last Two Years

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ABSTRACT

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Background: Colonoscopy is a procedure which enables a gastroenterologist to directly image and examines the entire colon.

The Aim of the work: The aim of this study was to determine the colonoscopy findings among patients referred to Al-Azhar Assiut University Hospital in the last two years, specifically in 2020 and 2021.

Patients and Methods: A retrospective study included 800 patients admitted to the endoscopy unit of the Hepatology, Gastroenterology, and Infectious Diseases Department at Al-Azhar Assiut University Hospital.

Results: The mean age group was 20-50, with 60.5% being male, and the most common finding was internal piles at 42.8%, followed by colonic polyps at 13.5%. There were highly statistically significant differences between normal colonoscopy and indications such as bleeding per rectum, chronic abdominal pain, and chronic constipation, as well as between normal colonoscopy and patient's age. However, there were no statistically significant differences between normal colonoscopy and patient's gender.

Conclusion: Colonoscopy is an effective tool in managing various gastrointestinal pathologies. Its therapeutic role includes the ability to identify and biopsy to differentiate the nature of the pathology, as well as perform polypectomy.

Keywords: Colonoscopy; Chronic Abdominal Pain; Biopsy; Internal Piles; Colonic Polyps.



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INTRODUCTION

Colonoscopy is a technique that utilizes a long, adaptable, limited tube with a light and small camera toward one side, called a colonoscope or degree, to glimpse inside the rectum and whole colon. Colonoscopy can show disturbed and enlarged tissue, ulcers, and polyps' additional bits of tissue that develop on the coating of the intestine [1]. Colonoscopy gives a fantastic perspective on the mucosal surface from the butt-centric waterway to the terminal ileum. Practically any intraluminal injury can be identified and biopsied [2].

Colonoscopy is utilized both indicatively and remedially and licenses assessment and treatment of the rectum, colon, and a piece of the terminal ileum. Execution of a great colonoscopy assessment requires understanding and dominance of mental and specialized abilities. A joint American Culture of Gastrointestinal Endoscopy / American School of Gastro-enterology Taskforce on Quality in Endoscopy upheld the accompanying quality markers previously, during, and after colonoscopy [3]. Therefore, the aim of this study to determine colonoscopic findings in patients who attended Al Azhar University Hospital [Assiut] at Endoscopy Unit in the Last Two Years

PATIENTS AND METHODS

Retrospective study successively enrolls 800 either conceded or short-term center to the endoscopy unit of the hepatology, gastroenterology and irresistible infections division at Al-Azhar Assiut College Clinic. Segment information and signs for the LGIE were recorded. Endoscopic discoveries and mediations done were recorded. The review was directed at Al-Azhar Assiut College Medical Clinic Endoscopy Unit in the period from November 2021 to June 2022 to record the segment qualities, signs, endoscopic discoveries and mediations done among patients.

Inclusion criteria: 800 patients disseminated as 464 [58%] guys and 336 [42 %] females. The

age went from 3 to 86 years and the mean age was [39.27 ± 17.775 years]. There are no exclusion criteria.

All patients exposed to medical history included colorectal cancer among family history and segment information, signs for lower endoscopy, Discoveries of lower endoscopy. Intercession if present as: Biopsy from injuries of known or recommended lower GI illness and polypectomy. Entanglements if present. All patients went to at Al Azhar Assiut college medical clinic, Endoscopy unit over the most recent two years were incorporated. No rejected patients.

Ethical considerations: An approval of Al-Azhar Assiut Faculty of Medicine Ethical Committee was obtained before the start of the study.

Statistical Analysis: The data information was amended, coordinated, arranged and genuinely broke down involving measurable bundle [SPSS] rendition 23.0 for windows. Persistent factors were analyzed by the Understudy t test [two-followed] and one - way ANOVA test for parametric information on distinguish contrasts between groups. The degree of significance was acknowledged whether the P value < 0.05.

RESULTS

The most prevalent age group was aged between 20 and 50 years [60.5%] followed by [27.0%] aged older than 50 years [Table 1].

There was slight predominance of male gender patients in percent of 42 %, versus 58 % were males. highly statistically significant differences between normal colonoscopy and indications according to Bleeding per rectum, Chronic Abdominal pain and Chronic constipation [Table 2].

Highly significant differences between normal colonoscopy and patient's age. no statistically significant differences between normal colonoscopy and patient's gender [Table 3].

Table [1]: Distribution of studied sample according to demographic data.

		n [800]
Age group [n, %]	Younger than 20 years	100 [12.5%]
	20 – 50 years	484 [60.5%]
	Older than 50 years	216 [27.0%]
Age [years]	Min.- Max.	3-86
	Mean ± S.D.	39.27±17.775
Gender [n, %]	Male	464 [58.0%]
	Female	336 [42.0%]

Table [2]: Colonoscopy Indications

Indications	Colonoscopy				P value
	Abnormal [n=464]		Normal [n=336]		
	No.	%	No.	%	
Bleeding per rectum	280	49.1	62	24.8	<0.001*
Chronic Abdominal pain	93	16.9	73	29.2	<0.001*
Chronic diarrhea	82	14.9	49	19.6	0.100
Chronic constipation	69	12.5	47	18.8	0.023*
Unexplained anemia	17	3.1	11	4.4	0.407
Dysentery	22	4.0	5	2.0	0.204
Mass by radiology	16	2.9	5	2.0	0.634
Unexplained weight loss	5	0.9	6	2.4	0.107
Hepatosplenomegaly	1	0.2	1	0.4	0.528

Table [3]: Findings in colonoscopy according to different findings

Condition	Lesions	Type of lesion	N [%]	Condition	Lesions	Type of lesion	N [%]
Bleeding per rectum Findings	Suspected cancer	Rectum	3 [2.3]	Chronic Diarrhea findings	Suspected cancer	Rectum	4[2.4]
		Anorectal	2 [1.5]			Transverse Colon	3[1.8]
		Cecum	1[0.8]			Ascending Colon	4[2.4]
		Sigmoid Colon	1[0.8]			Cecum	1[0.6]
		Descending Colon	1[0.8]			Descending Colon	3[1.8]
	Inflammatory lesions	Picture of UC	26[19.8]		Inflammatory lesions	Picture of UC	10[6.0]
		Proctitis	3[2.3]			Proctitis	8[4.8]
		Proctocolitis	23[17.6]			Proctocolitis	13[7.8]
		Crohn’s diseases	3[2.3]			Internal piles	31[18.7]
		Internal piles	15[11.5]			Normal	73[44.0]
	Vascular lesions	Telangiectasia	2[1.5]		Colonic polyp	17[10.2]	
		Normal	49[37.4]		Colonic diverticulum	4[2.4]	
		Colonic polyp	11[8.4]		Anal Fissure	16[9.6]	
		Colonic diverticulum	1[0.8]		Colonic stricture	3[1.8]	
Anal Fissure		10[7.6]					
Abdominal pain findings	Suspected cancer	Rectum	4[3.4]	Chronic constipation findings	Suspected cancer	Transverse Colon	1[3.6]
		Transverse Colon	1[0.9]			Cecum	1[3.6]
		Ascending Colon	2[1.7]		Inflammatory Lesions	Picture of UC	1[3.6]
		Cecum	1[0.9]			Proctocolitis	2[7.1]
		Sigmoid Colon	1[0.9]			Internal piles	12[42.9]
		Descending Colon	2[1.7]			Vascular Lesions	Angiodysplasia
	Inflammatory lesions	Picture of UC	6[5.2]	Normal	11[39.3]		
		Proctitis	5[4.3]	Colonic polyp	2[7.1]		
		Proctocolitis	3[2.6]	Colonic diverticulum	3[10.7]		
		Internal piles	32[27.6]	Anal Fissure	3[10.7]		
		Normal	47[40.5]	Unexplained anemia findings	Suspected cancer	Rectum	3[11.1]
		Colonic polyp	8[6.9]			Sigmoid Colon	1[3.7]
		Colonic diverticulum	6[5.2]		Inflammatory lesions	Picture of UC	6[22.2]
		Anal Fissure	17[14.7]			Proctitis	1[3.7]
Colonic stricture	1[0.9]	Proctocolitis	6[22.2]				
		Internal piles	6[22.2]				
		Normal	5[18.5]				
		Colonic polyp	3[11.1]				
		Anal Fissure	3[11.1]				

DISCUSSION

Colonoscopy is an endoscopic method where an adaptable endoscope is presented through the butt for visual review of the whole huge entrail; it is progressed through the rectum, sigmoid colon, dropping colon, cross over colon, climbing colon and the caecum. Colonoscopy is the highest quality level examination for lower gastrointestinal side effects. It has the additional advantage of empowering mucosal biopsy inspecting and brush cytology for histopathologic finding and helpful intercessions can likewise be done ^[4].

The main aim of this study was to evaluate frequent colonoscopic indications and findings in patients attended to Al Azhar Assiut university hospital, Endoscopy unit in the last two years. This Retrospective study was conducted at Al Azhar Assiut university hospital, on 800 patients attending Endoscopy unit in the last two years.

Regarding the demographic data of the studied group, it was found that age was ranged between 3-86 years with mean value 39.27 ± 17.775 years. Male cases were 464[58.0%] while female cases were 336[42.0%].

Our results were comparable with **Moussa *et al.*** ^[5] who enrolled 710 patients presented for colonoscopy. The mean age was 44 years and there were 60% males.

As well, **Nayab *et al.*** ^[6] included 139 patients with mean age 48 years.

Our results were supported by **Bhattarai and Acharya** ^[7] who revealed that the commonest indications for performing colonoscopy were chronic diarrhea, altered bowel habits, chronic abdominal pain and bleeding per rectum.

Furthermore, **Benhamdane *et al.*** ^[8] revealed that the most common indications for pathological colonoscopy were: rectal bleeding, diarrhea, constipation, iron deficiency anemia and melena.

Our results were comparable with **Oluwagbenga *et al.*** ^[9] who revealed that large bowel tumors were the commonest endoscopy findings and they constituted 33.3% of the abnormalities seen in patients who had colonoscopy done on account of symptoms of lower gastrointestinal bleeding [haematochezia/melaena].

Regarding the relation between age and patient's indications, it was found that there were statistically significant differences between age groups as regard to bleeding per rectum, chronic abdominal pain, chronic diarrhea, chronic constipation, anemia, mass by radiology and weight loss.

Our results were supported by **Elhenghari** ^[10] who revealed that Patients younger than 50 were more likely to present with abdominal pain, diarrhea, whilst those older than 50 were more likely to present with alteration of bowel habit, and loss of weight. There was difference between the ages with constipation and rectal bleeding.

Regarding the relation between age and patient's findings, we found that there were highly statistically significant differences between age groups as regard to Inflammatory lesions and Internal piles.

This comes in agreement with **Elhenghari** ^[10] who revealed that Patients younger than 50 were more likely to have a normal colonoscopy, or inflammation, whilst those older than 50 were more likely to have diverticulae, polyps and a tumor.

Also, **Oluyemi *et al.*** ^[11] revealed that the diagnostic yield of colonoscopy was similar in the younger and older subjects [$p = 1.00$]. The commonest findings in patients younger than 50 years were hemorrhoids, tumors and polyps. Younger age was significantly associated with the presence of hemorrhoids [$P < 0.005$], while older age was significantly associated with the presence of tumors [$P < 0.005$] and diverticulosis [$P < 0.005$].

The current study showed that there was a highly statistically significant relation between age and number of lesions as well as between age and type of interventions.

Our results were in line with **Halfter *et al.*** ^[12] who found no association between gender and patients' findings.

Regarding the relation between normal colonoscopy and patient's indications, we found that there were statistically significant difference between normal colonoscopy and indications according to Bleeding per rectum, Chronic Abdominal pain and Chronic constipation.

Our results were supported by **Moussa *et al.*** ^[5] who revealed that there was a statistically

significant relationship between clinical findings and pathological diagnosis.

Conclusion

Colonoscopy is a great tool for management of different GI tract pathologies. Therapeutic role of colonoscopy has the ability to identify biopsy which helps in differentiation of pathology nature, or polypectomy.

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None to be disclosed. The research fully funded by the researchers themselves.

Conflict of interest

Non to be disclosed

REFERENCES

1. Bhagatwala J. Colonoscopy - indications and contraindications. Ettarh R, ed. Screening for Colorectal Cancer with Colonoscopy. 3rd ed. Rijeka, Croatia: InTech; 2015, 33: 451 - 455.
2. Lieberman DA, de Garmo PL, Fleischer DE, Eisen GM, Chan BK, Helfand M. Colonic neoplasia in patients with nonspecific GI symptoms. *Gastrointest Endosc.* 2000 Jun; 51 [6]: 647-51. doi: 10.1067/mge.2000.105082.
3. Rex DK. Colonoscopy: a review of its yield for cancers and adenomas by indication. *Am J Gastroenterol.* 1995 Mar;90[3]:353-65. PMID: 7872270.
4. Stauffer CM, Pfeifer C. Colonoscopy. *Prof Med J,* 2022; 33: 321 - 330.
5. Moussa F, Abd El Gawad W, Nosseir N. Colonoscopic and Histopathological Findings in Patients with Various Lower Gastrointestinal Symptoms: A Single-Center Experience. *Suez Canal Univ Med J* 2020; 23[1]: 62-70. doi: 10.21608/scumj.2020.119622.
6. Nayab S, Awan H, Jesrani A. Utility of colonoscopy in detection of early lower gastrointestinal bleeding at a tertiary care hospital. *Prof Med J* 2022; 29 [04], 437-441. doi: 10.29309/TPMJ/2022.29.04. 6776
7. Bhattarai S, Acharya R. Clinical Profile and Endoscopic Findings in Patients undergoing Colonoscopy at a Tertiary Care Centre of Western Nepal. *J Coll Med Sci-Nepal,* 2020; 16[2], 66-70.
8. Benhamdane A, Sair A, Touibi A, RISK factors predictive of positive findings at colonoscopy. *Endoscopy,* 2022; 54[S 01]: s144-s145. doi: 10.1055/s-0042-1744950
9. Oluwagbenga O, Musah Y, Paul O. Colonoscopy in Ido-Ekiti, Nigeria: A Four-Year Review. *Gastroint Hepatol Dig Dis,* 2020; 3[1], 1-8.
10. Elhenghari E. The yield of colonoscopy in patients attending a tertiary hospital in Cape Town, South Africa [Master's thesis, Faculty of Health Sciences]. 2021; available at <http://hdl.handle.net/11427/35722>.
11. Oluyemi A, Odeghe E, Adeniyi O. Colonoscopy findings in lower gastrointestinal bleeding in Lagos: A comparative study based on age. *Niger J Clin Pract.* 2020 Dec;23[12]:1656-1659. doi: 10.4103/njcp.njcp_341_20.
12. Halfter K, Bauerfeind L, Schlesinger-Raab A, Schmidt M, Schubert-Fritschle G, Hölzel D, Engel J. Colonoscopy and polypectomy: beside age, size of polyps main factor for long-term risk of colorectal cancer in a screening population. *J Cancer Res Clin Oncol.* 2021 Sep;147[9]:2645-2658. doi: 10.1007/s00432-021-03532-7.

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