Ano-Rectal Symptoms, Management in Primary Care

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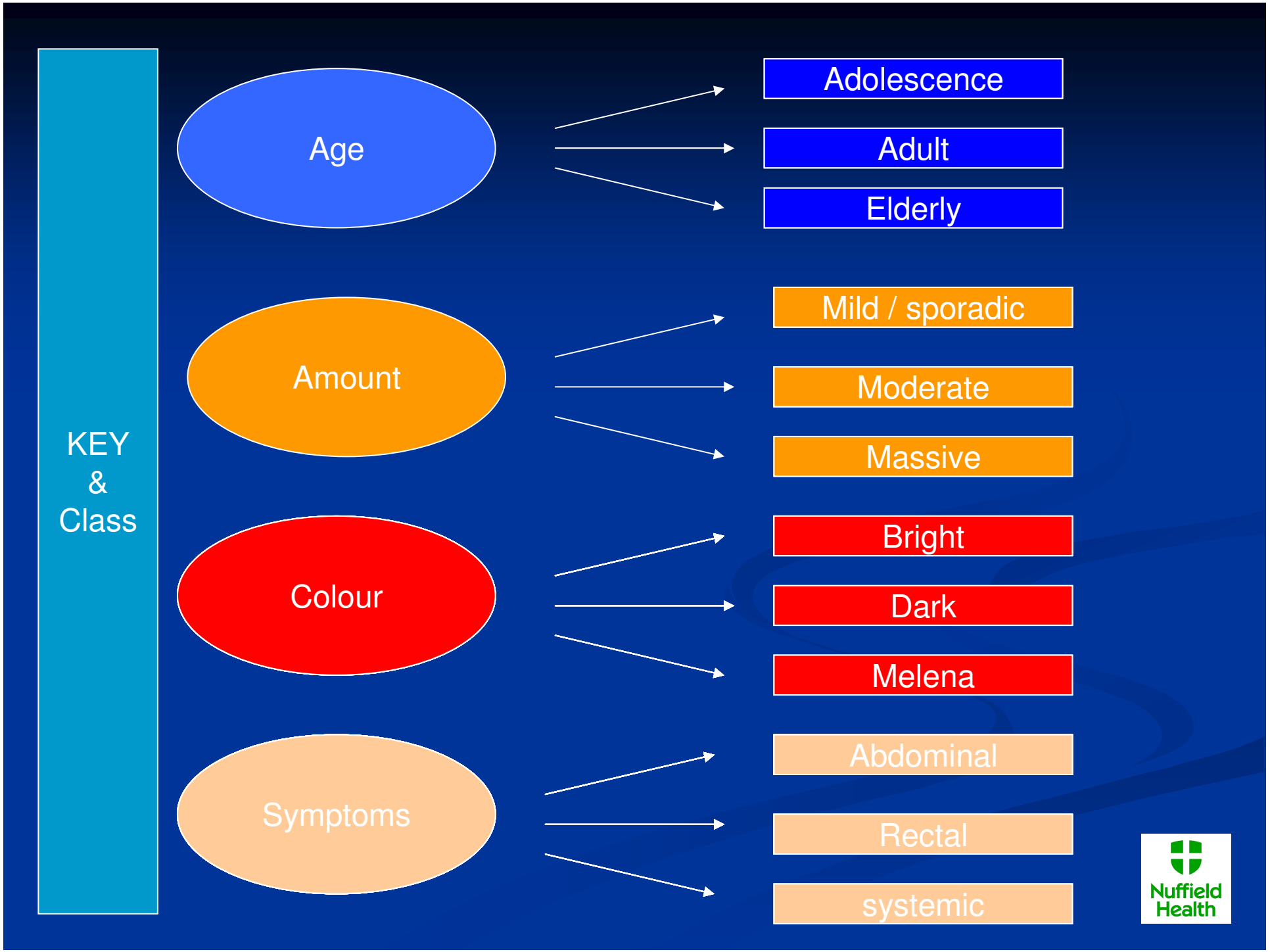
Cairo University

Clinical Approach

- **Four Main factor** will help to conclude a diagnosis
- A **Differential Diagnosis** must be clear to exclude serious conditions
- We are aiming at focusing on making a **diagnosis** to provide a correct treatment


KEY
&
Class
Age
Amount
Colour
Symptoms
Adolescence
Adult
Elderly
Mild / sporadic
Moderate
Massive
Bright
Dark
Melena
Abdominal
Rectal
systemic
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Differential Diagnosis

Benign

Anal:
- Haemorrhoids
- Anal Fissure
- Anal Fistula

Colonic:
- Divericulosis
- Telengectasis
- Infections

Inflammatory

- Crohn's
- Ulcerative Colitis
- Radiation
- Non-Specific

Malignant

- Polyposis Syndromes
- Polyp
- Polyp Cancer
- Cancer

Who Knows

- IBS
- UGI Causes
- Ischaemic Colitis

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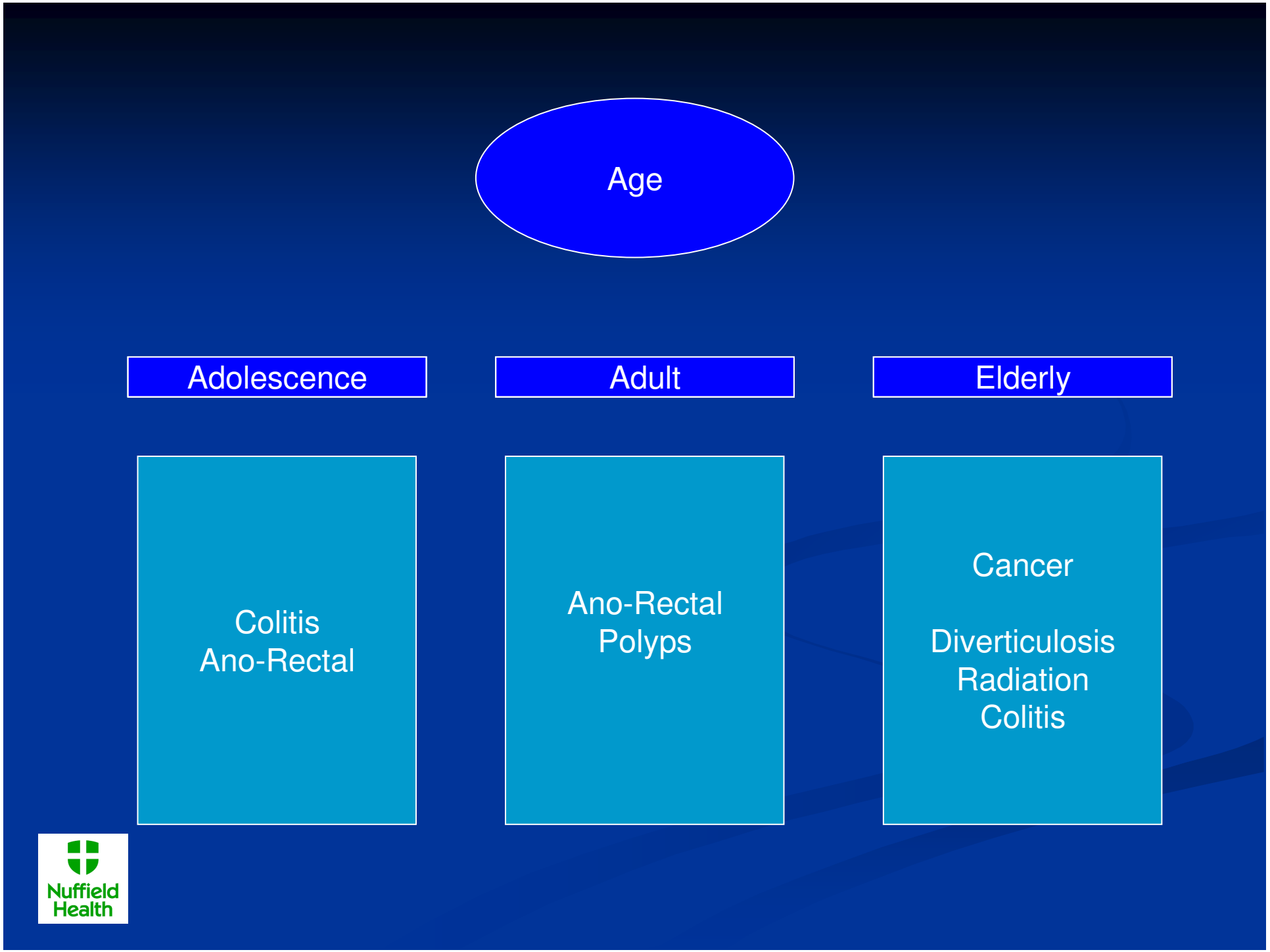
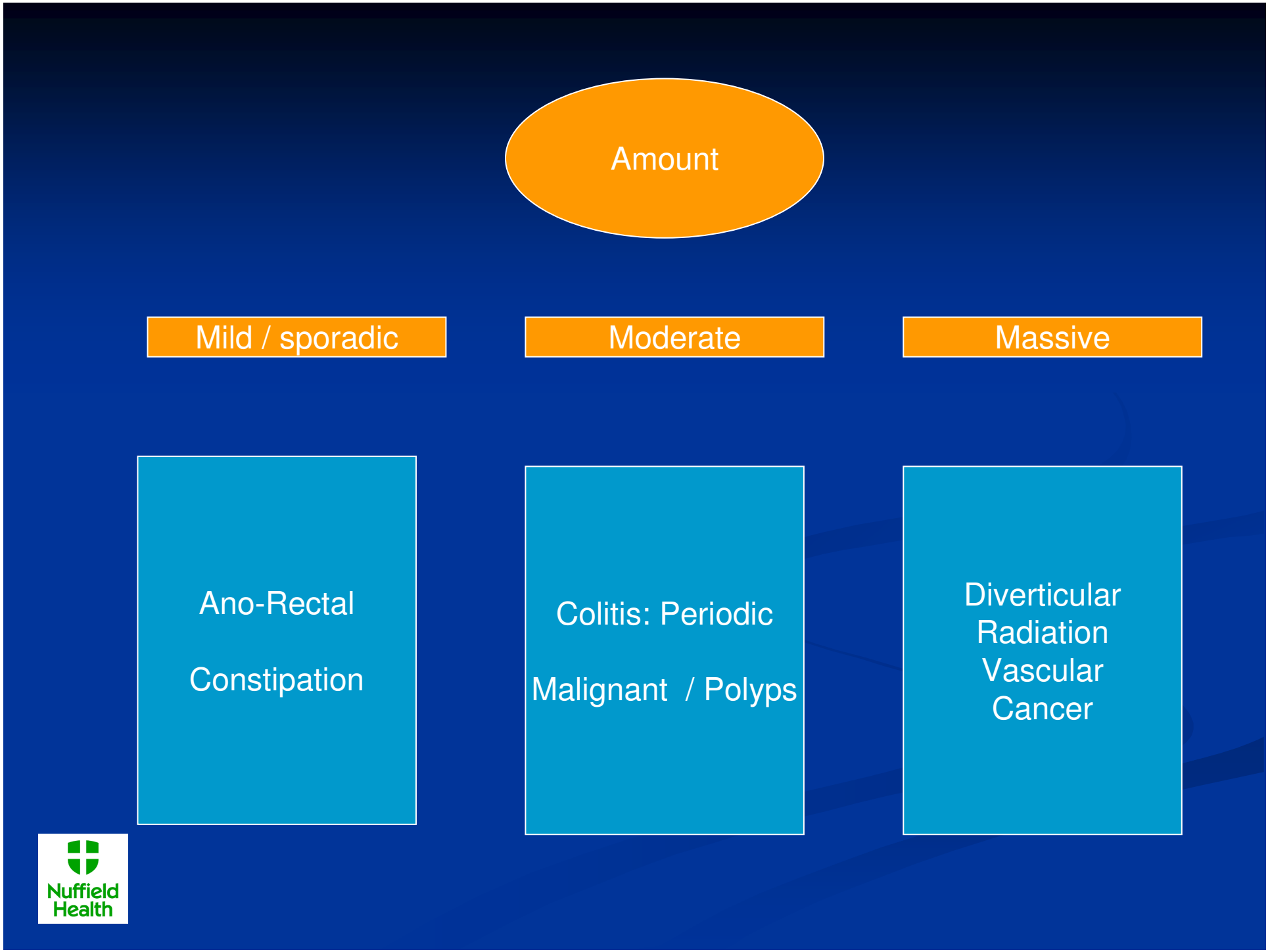

Age
Adolescence
Adult
Elderly
Colitis
Ano-Rectal
Ano-Rectal
Polyps
Cancer
Diverticulosis
Radiation
Colitis
Nuffield
Health


Amount
Mild / sporadic
Moderate
Massive
Ano-Rectal
Constipation
Colitis: Periodic
Malignant / Polyps
Diverticular
Radiation
Vascular
Cancer
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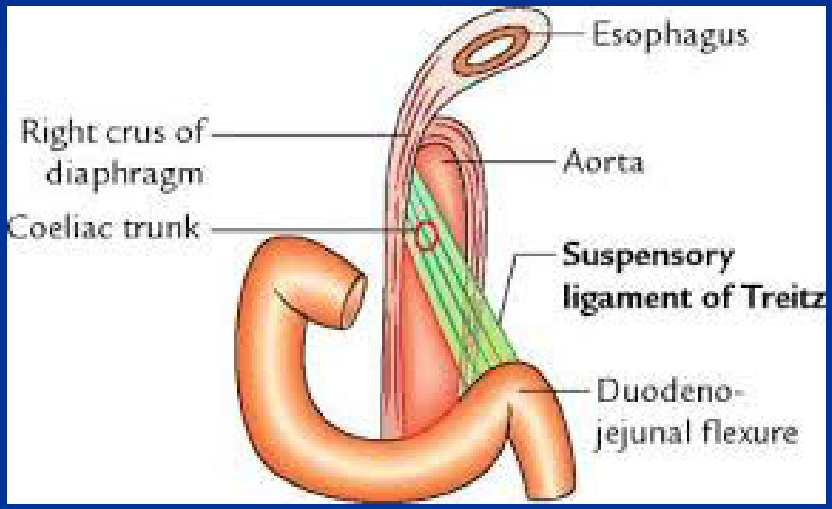
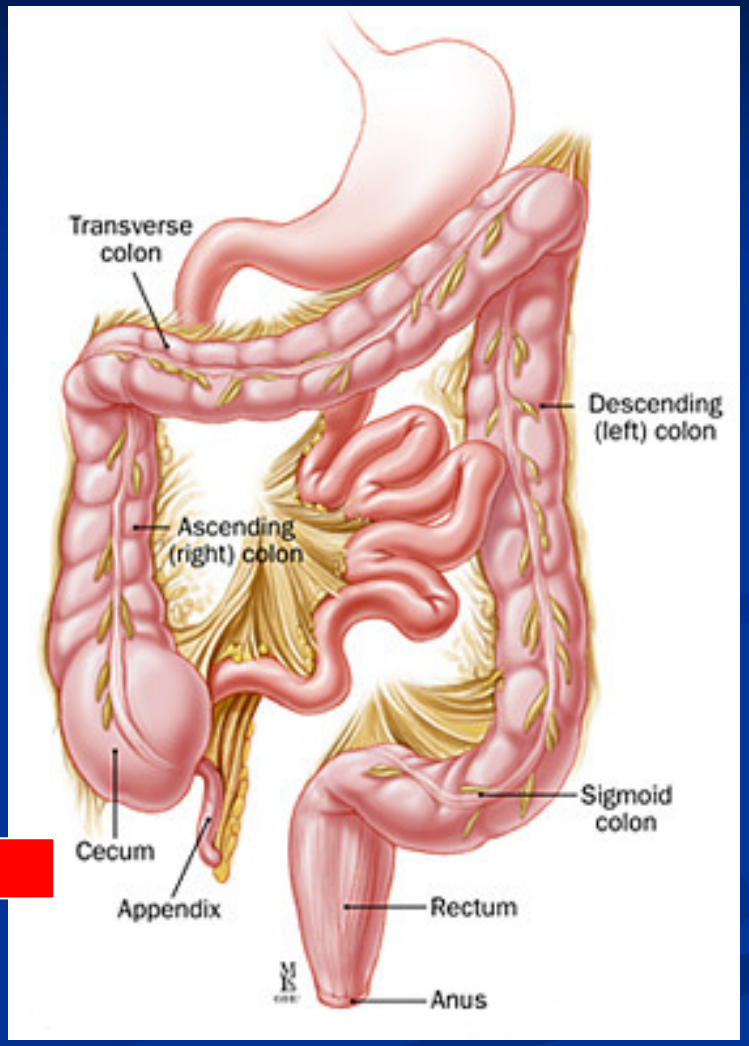
Colour

Melena





Dark

Bright

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Benign

Anal:

- Haemorrhoids
- Anal Fissure
- Anal Fistula

Colonic:

- Divericulosis
- Telengectasis
- Infections

Symptoms

Haemorrhoids:

- Not painful
  Exceptions
- Constipation
  On/Off
- Investigations:
  F Sigmoid
- TTT
  Constipation
- Hospital
  Banding / Injection
  Operation

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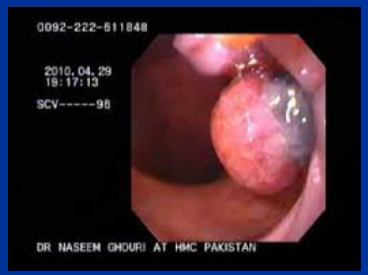
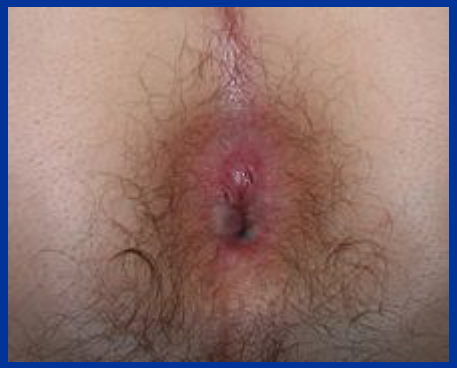
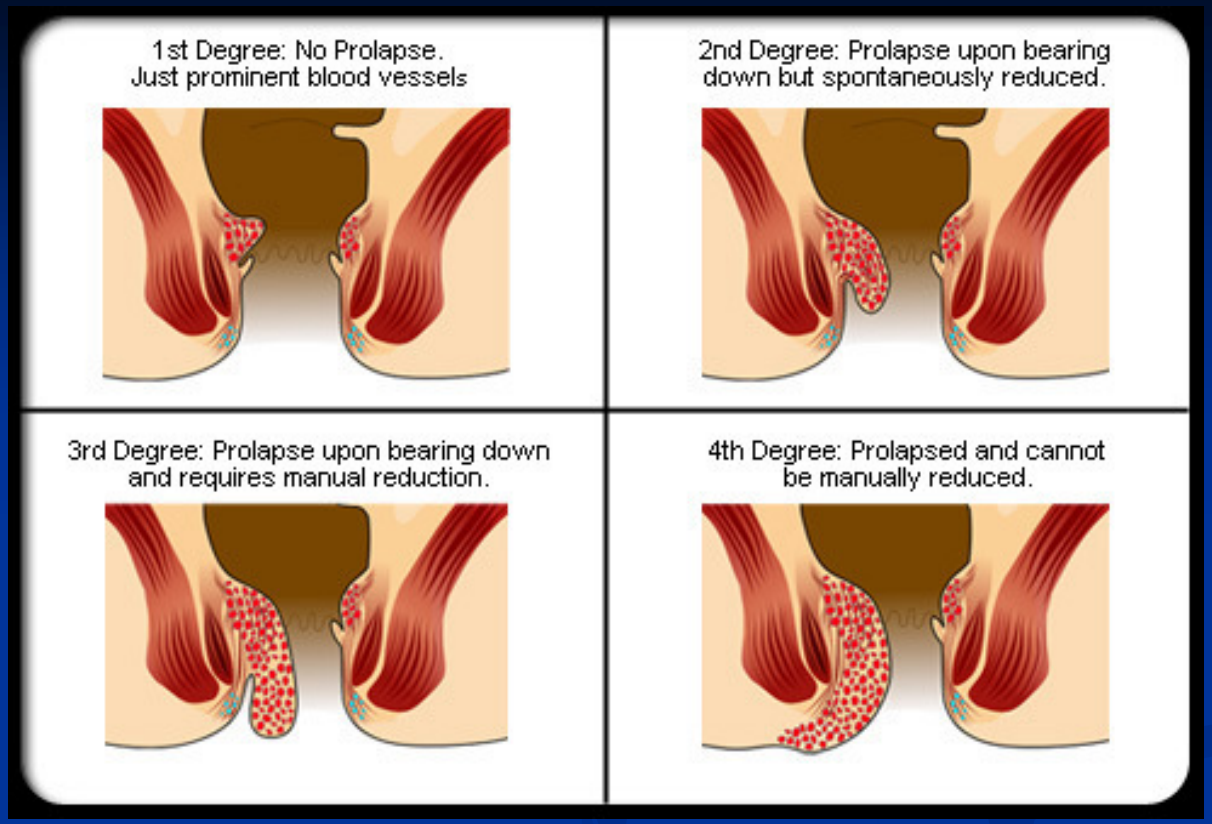
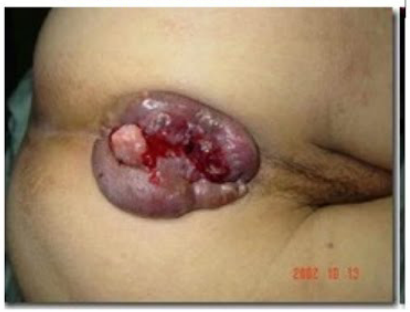
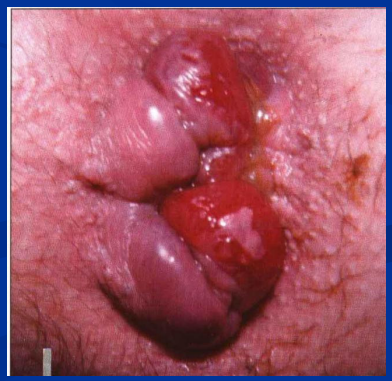






Prolapsed
Internal haemorhoids





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Anal Fissure:

S:

•Painful

•Opening Bowel / Passing Glasses

•Constipation

S: O/E

•Can not do PR

Investigation:

F Sigmoidoscopy (Routine)

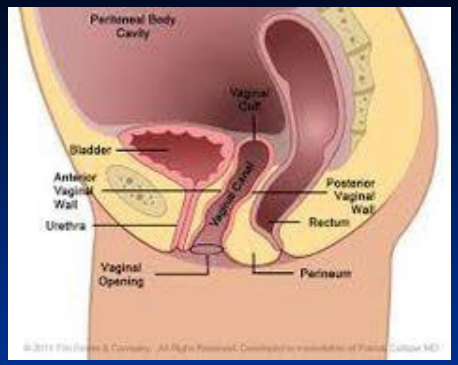
TTT:

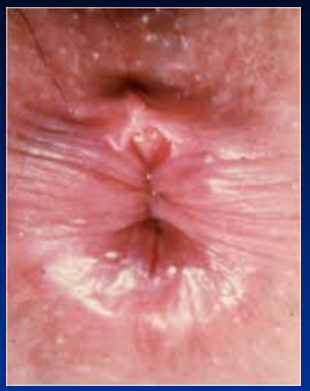
•GTN 0.4% / DELTIAZEM 2%
Instruction / Side effects
Duration: 8 Weeks

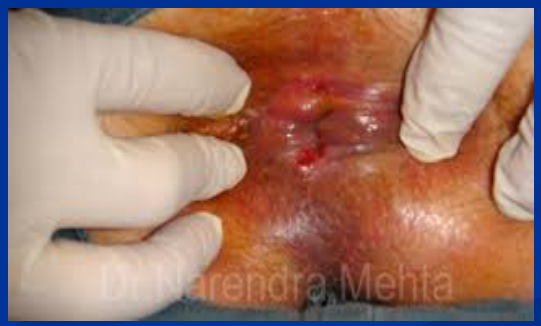
•Constipation

•Hospital:
Fissurectomy / Botox
Advancement Flaps

Non Healing / Recurrent [IBD]







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Anal Fistula:

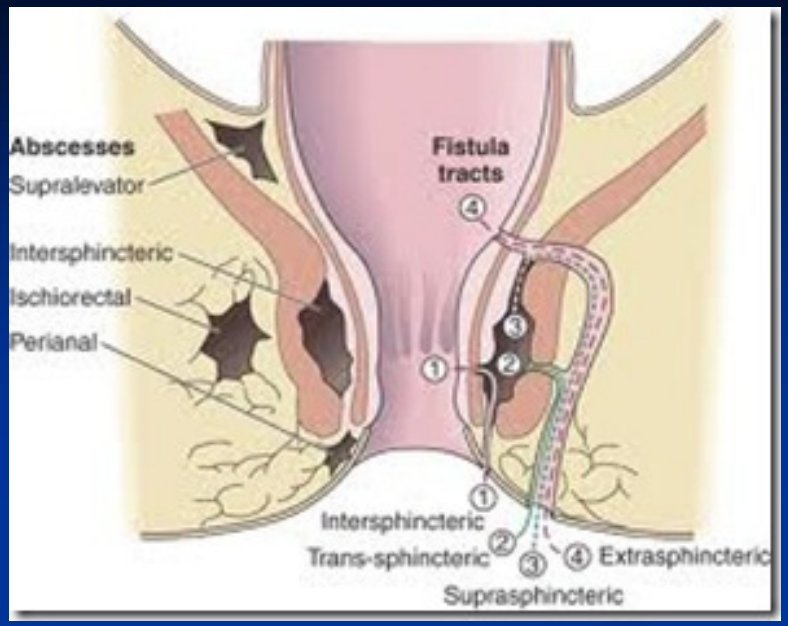
S:
•Painful Swelling
•Soiling
•History of I&D
•Periodic / Normal

S: O/E
•Can See Fistula

Investigation:
F Sigmoidoscopy (Routine)

TTT:
•Hospital Referral

•Hospital:
Different approach



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Treatment of Anal Fistula:

- Simple Fistula: Lay Open (Muscle Involvement)

- Complex Fistula:
  - X2 Stage Treatment:
    - Intial Stage: Adequate Drainage and Skeletonization [Seton]
    - Second Stage: Definitive treatment:
      - **Anal Plug**
      - **LIFT Procedure**
      - **Advancement Flaps**

- **Some Patients will never be suitable for a definitive treatment**

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Diverticulosis

S:
- Lt. side pain / Diarrhoea
- Periodic
- Temperature
- Raised Inflammatory markers

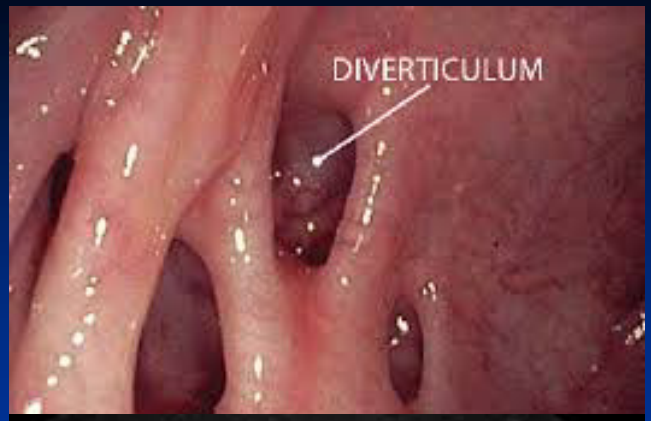
S: O/E
- Tender Left side

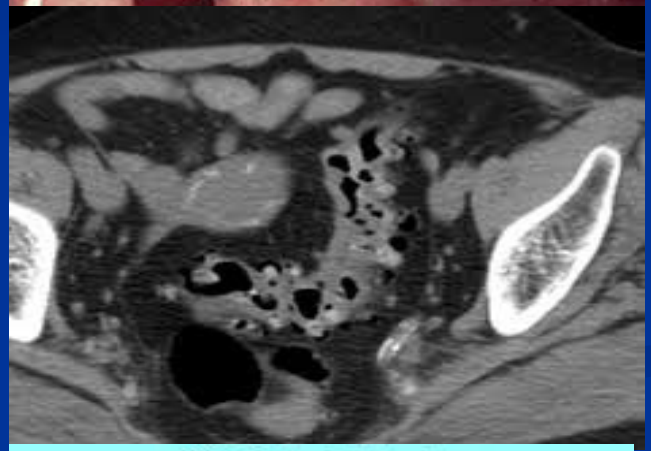
Investigation:
F Sigmoidoscopy (Routine)
Exclude malignancy

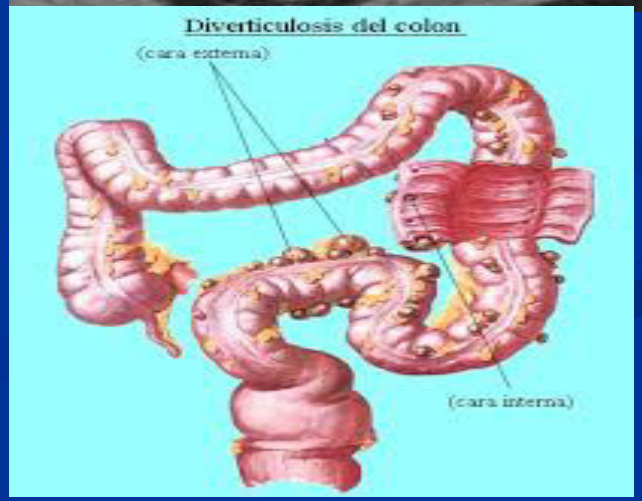
TTT:
- Antibiotics

- Hospital: “Complications”

Over 3 admissions / year discuss Op.
Increasing aggressiveness Young







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Inflammatory

- Crohn's
- Ulcerative Colitis
- Radiation
- Non-Specific

Crohn's Disease

S: Smoking

- 2 Peaks : Adolescence / 70
- IBS type: Years before diagnosis
- Family history
- Colonic & Extra-Colonic
- Abdominal pain: Eating

S: O/E

- Long Term un-well
- Other medical history

Investigation:

Faecal Calprotectin [Hundreds]
Serum ttg IgA [Gluten Sensitivity]
Colonoscopy [TI Biopsy]

TTT:

- Antibiotics / Immunosuppressive
- Hospital: "Complications"

Incidental during appendectomy

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Transmural
Mouth to Anus

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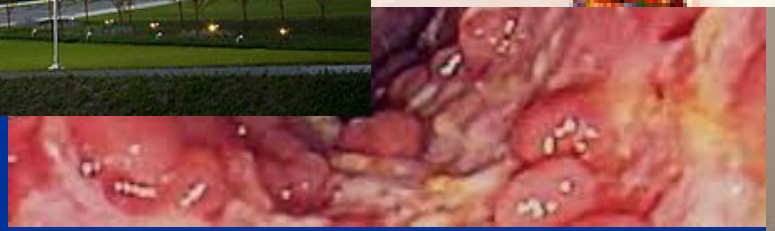

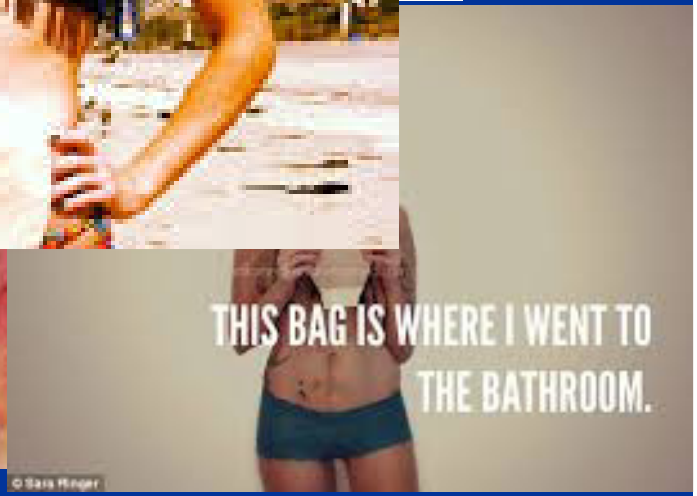

Inflammatory

- Crohn's
- **Ulcerative Colitis**
- Radiation
- Non-Specific

Ulcerative Colitis

S:
- Mostly bleeding Rectal
- IBS type: Years before diagnosis
- Family history
- Colonic

S: O/E
- Long Term un-well
- Proctitis on Examination

Investigation:
Colonoscopy

TTT:
- Antibiotics / Immunosuppressive
- Hospital: "Complications"

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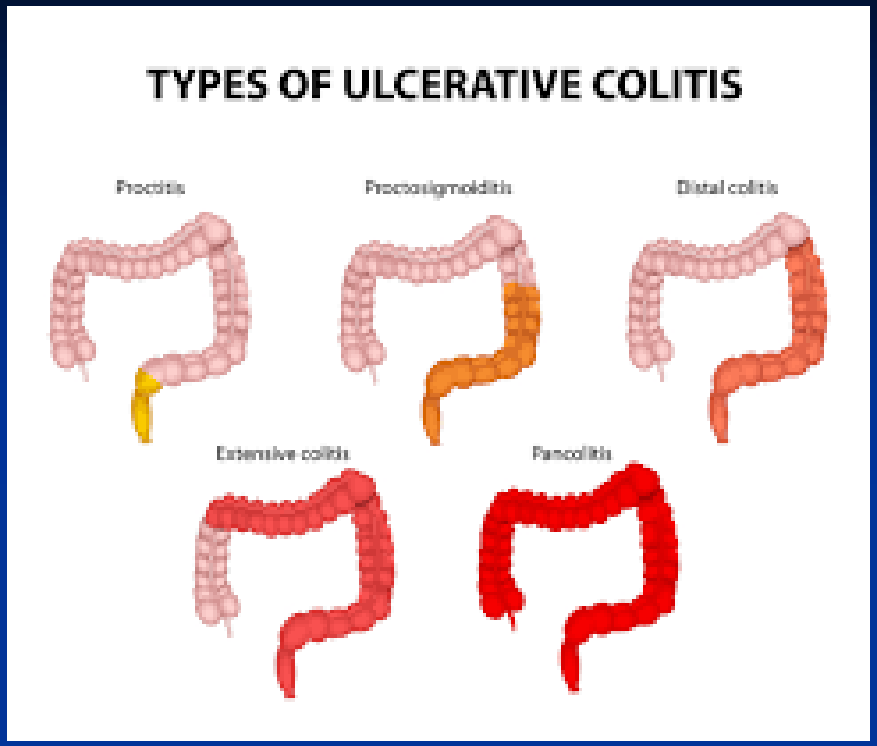
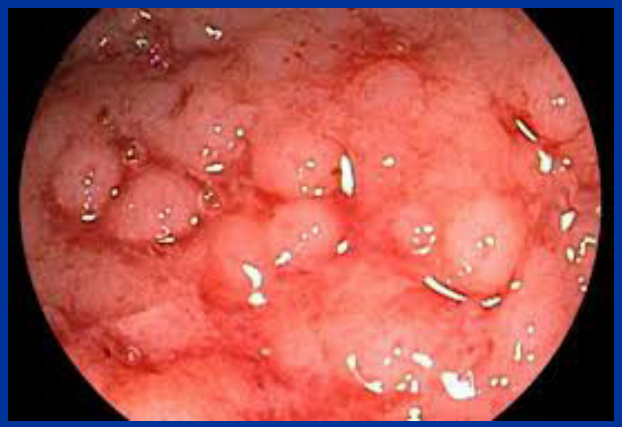
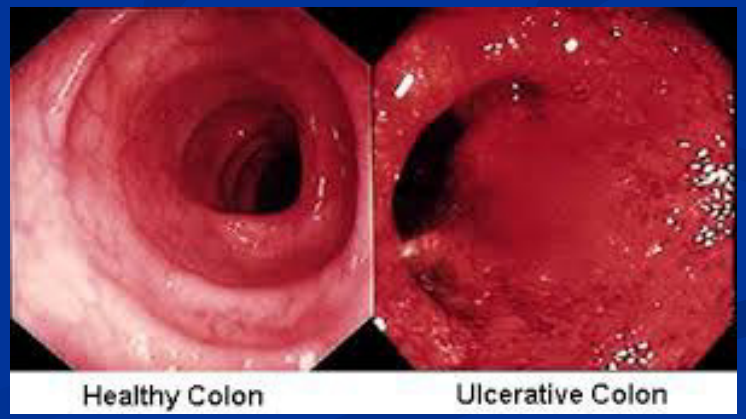


- Mucosa Only
- Often Starts at Rectum
- Rare cases : Rectal Sparing
- No Extra Colonic





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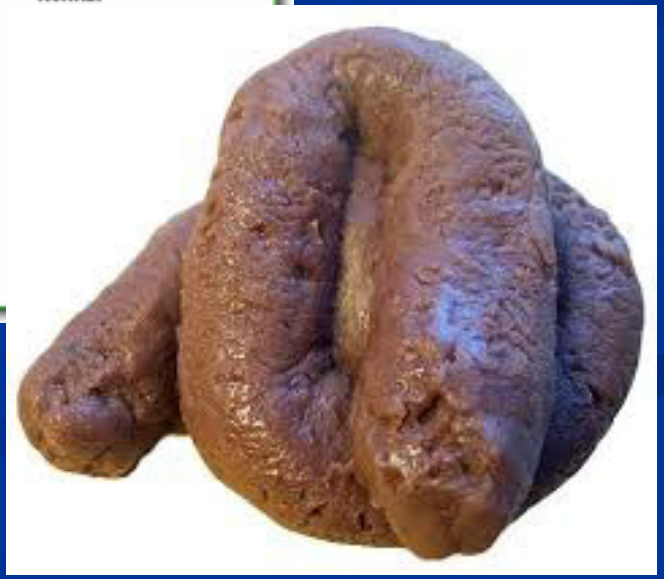
BRISTOL STOOL CHART

Type 1	Separate hard lumps	Very constipated
Type 2	Lumpy and sausage like	Slightly constipated
Type 3	A sausage shape with cracks in the surface	Normal
Type 4	Like a smooth, soft sausage or snake	
Type 5	Soft blobs with clear-cut edges	
Type 6	Mushy consistency with ragged edges	
Type 7	Liquid consistency with no solid pieces	



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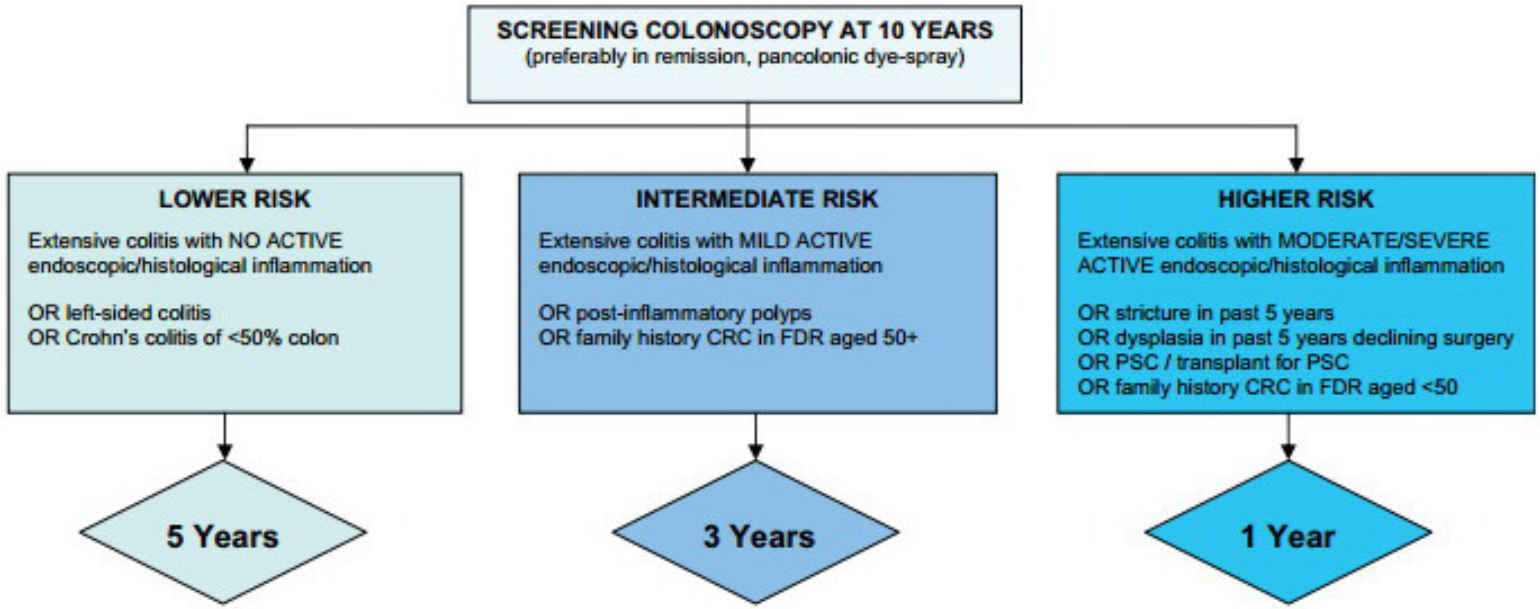
COLITIS SURVEILLANCE



BIOPSY PROTOCOL
Pancolonic dye spraying with targeted biopsy of abnormal areas is recommended, otherwise 2-4 random biopsies from every 10 cm of the colorectum should be taken

OTHER CONSIDERATIONS
Patient preference, multiple post-inflammatory polyps, age & comorbidity, accuracy & completeness of examination

CRC – colorectal cancer
FDR – first degree relative
PSC – primary sclerosing cholangitis

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Malignant

- Polyposis Syndromes
- Polyp
- Polyp Cancer
- Cancer

2 WW Criteria:

- 60 with:
  - CIBH > 6Weeks
  - Bleeding > 6Weeks
- 40 With:
  - CIBH
  - Bleeding
- Any:
  - I D Anaemia
    - Men:11 g/100 ml
    - Women: 10 g/100

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CIBH: Change to **loose** Stools
And / or
Increased **Frequency**
Persisting for **6 weeks** or more

Significant Weight Loss

Iron Deficiency Anaemia

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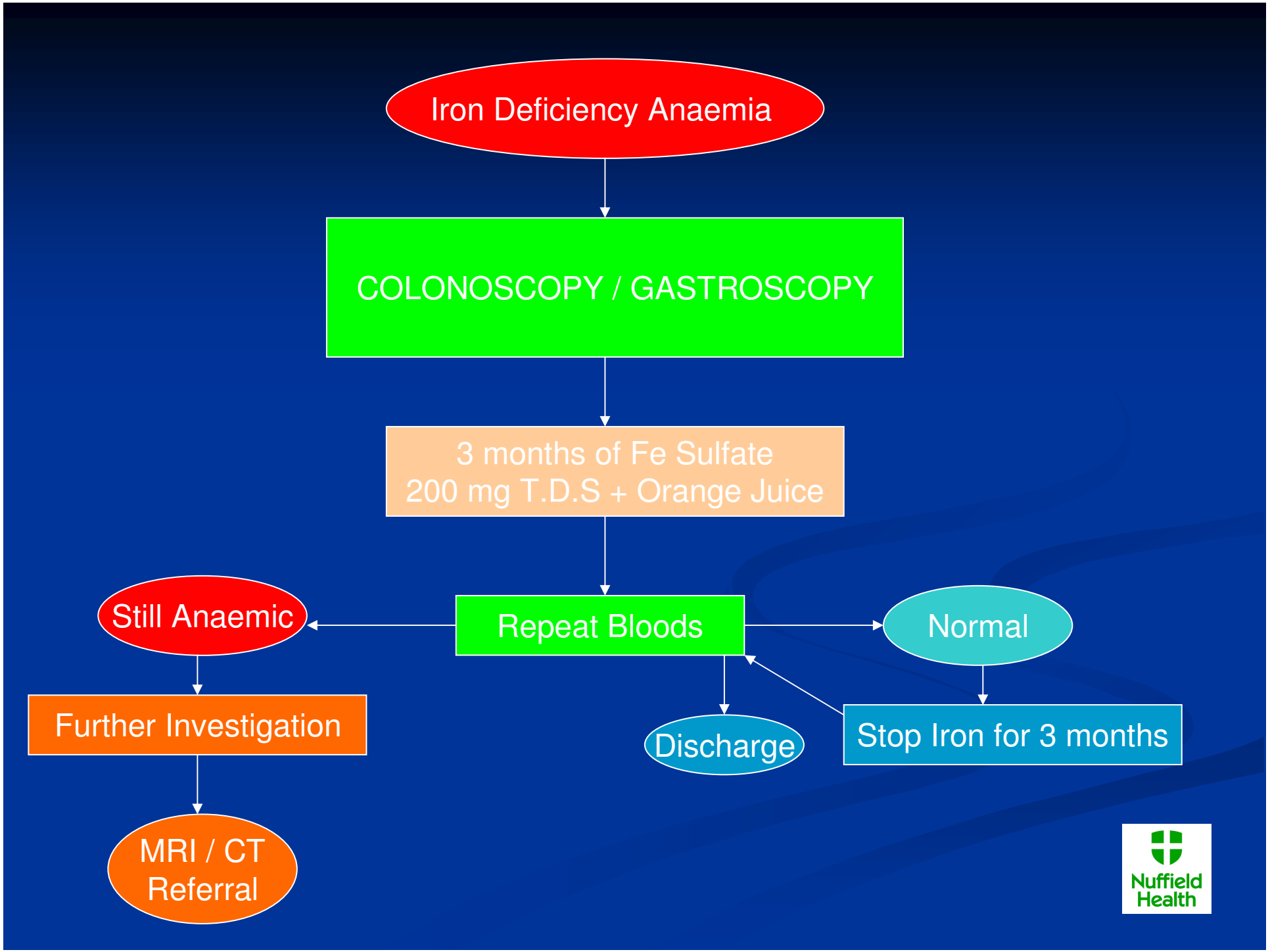
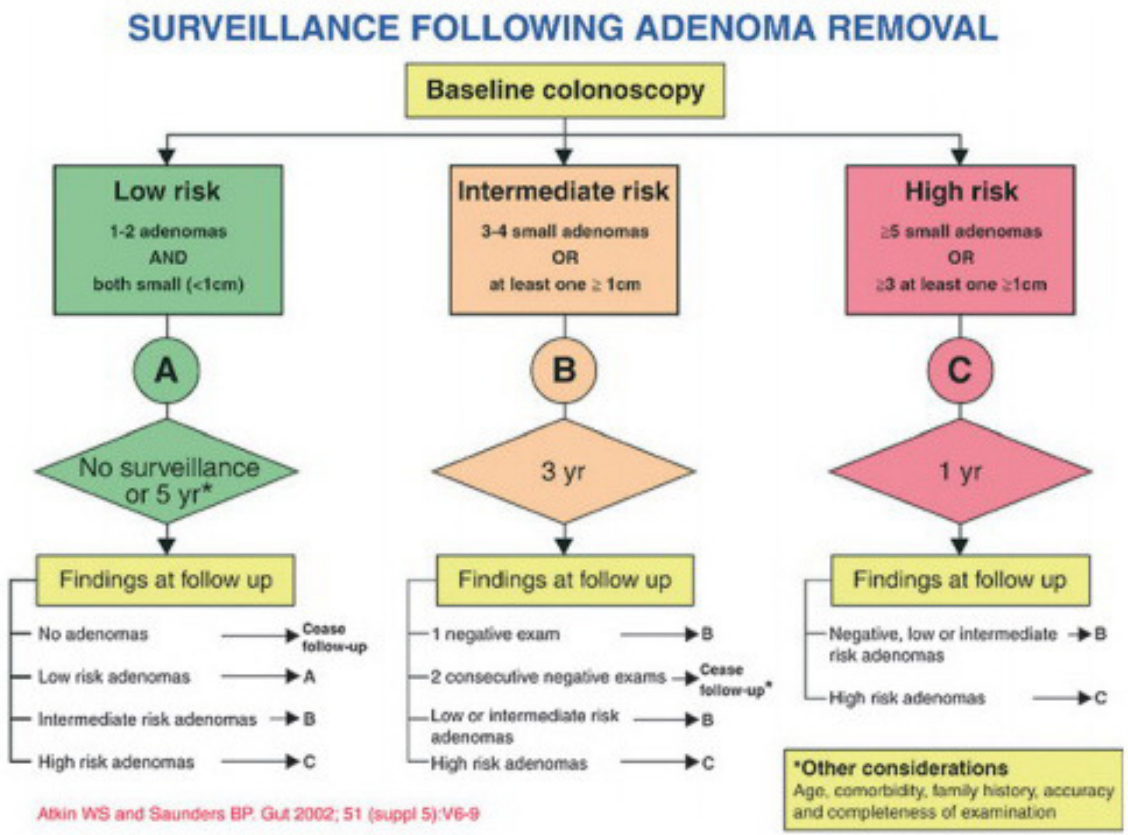
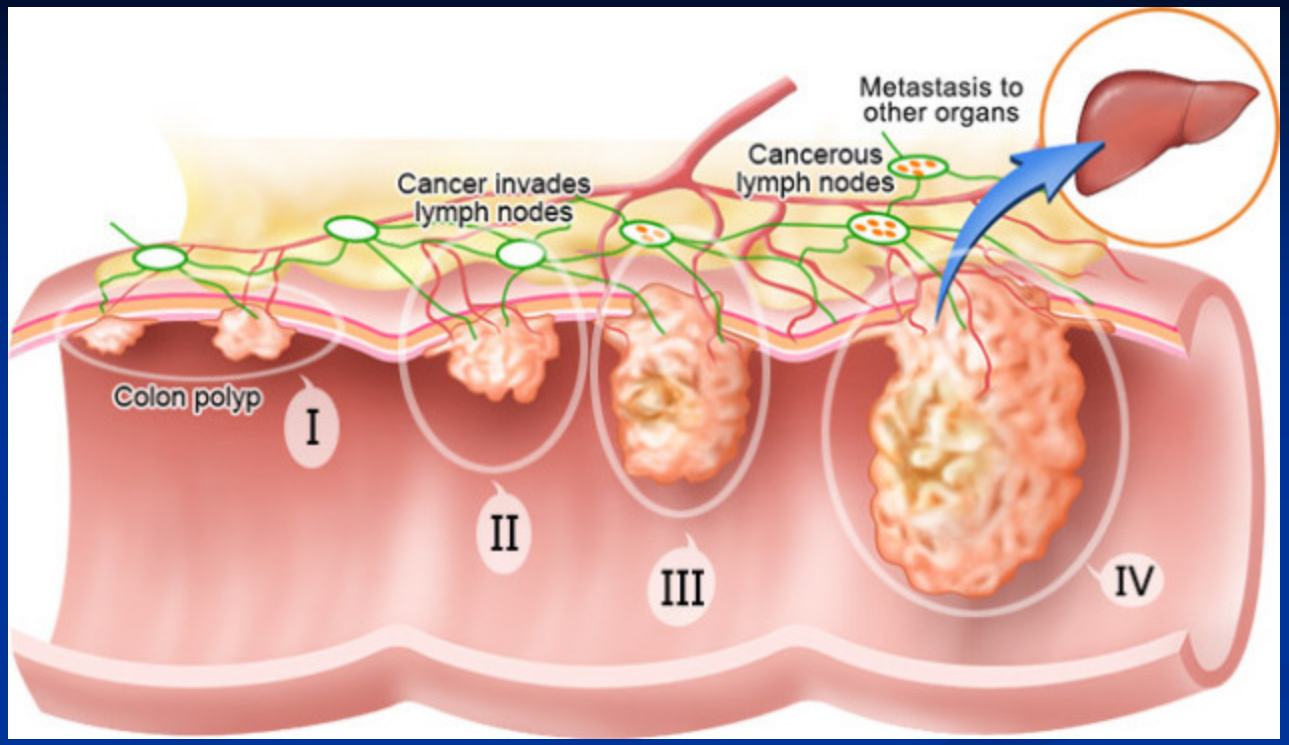
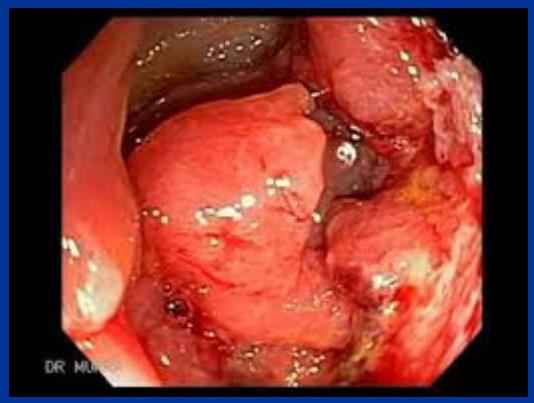

Iron Deficiency Anaemia
COLONOSCOPY / GASTROSCOPY
3 months of Fe Sulfate
200 mg T.D.S + Orange Juice
Repeat Bloods
Still Anaemic
Normal
Further Investigation
Discharge
Stop Iron for 3 months
MRI / CT
Referral
Nuffield
Health

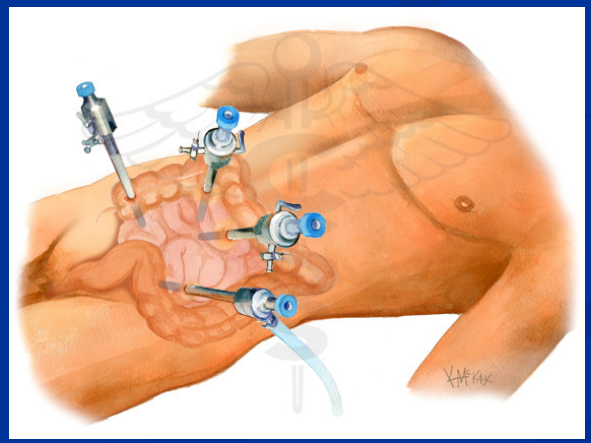
Adenoma Surveillance

Figure 1 Surveillance following adenoma removal.




Metastasis to other organs
Cancerous lymph nodes
Cancer invades lymph nodes
Colon polyp
I
II
III
IV





FACTS !!!

•**98 %** of Cancer Cases are operated **Laproscopically**
•Extraction can sometimes be done through **Natural orifices**

•Oncology Outcome and Surveillance are **Better than Open** Surgery

•New Techniques of **TEMS (Tumour) / TAMIS (Polyps)**
•This is now widely allowing for **ORGAN Preservation**

•As low as **1 cm** from Anal canal can have **Sphincter Preservation**

•**Patients Live Normal Life after:**
•No Adhesions
•No Hernias
•No Ugly Scars

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IBS

FOODS THAT MAY *TRIGGER* IBS SYMPTOMS

- Apples 
- Beans
- Broccoli 
- Cabbage
- Caffeine
- Cauliflower
- Gum, beverages, or foods sweetened w. fructose or sorbitol
- Chocolate 
- Dairy products 
- Fatty foods
- Margarine
- Nuts 
- Orange & grapefruit juices 
- Wheat products

Irritable Bowel Syndrome or Small Bowel Tumour , A Mysteries Diagnosis

Al Morgan , JJ Smith .

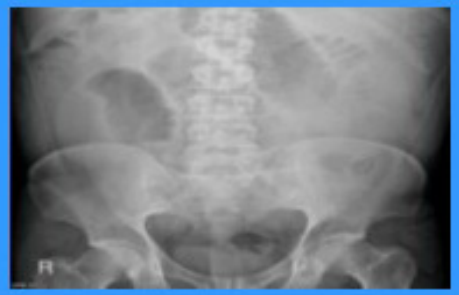
Dept of Colorectal Surgery, West Middlesex University Hospital , London

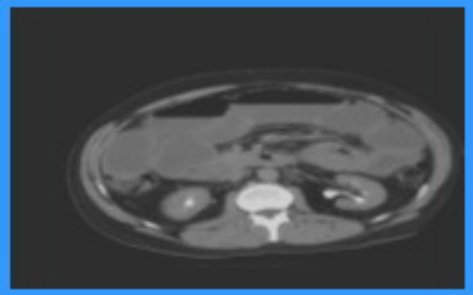
Background:

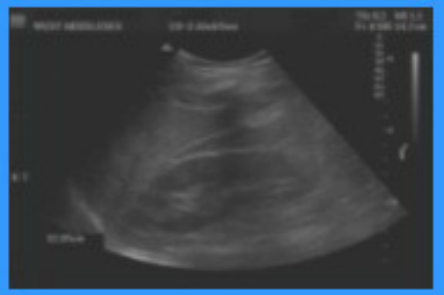
Abdominal Cramps, alternating episodes of diarrhoea and constipation, nausea, vomiting, bloating and abdominal distension are common symptoms in Irritable bowel Syndrome as well as Small Bowel Tumours.

Patients and Methods:

- 56 years old Male with Positive family history of bowel cancer
- Diagnosed and treated as having Irritable Bowel Syndrome for 3 years
- C/O Recent progression in the frequency and severity of repeated attacks of abdominal cramps, alternating episodes of diarrhoea and constipation, nausea, vomiting, bloating and abdominal distension.
- Radiology : Markedly dilated loops of small bowel distally + sharp narrowing of the lumen of the Ileum + Ill-defined soft tissue mass 4.5 cm in size
- Exploratory Laparotomy : Metastatic Small Bowel Tumour in both Liver and Mesenteric nodes .

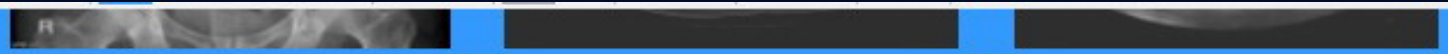






Discussion:

- IBS is very common affecting 9-12% of population with age onset increasing during adolescence



Discussion:

- IBS is very common affecting 9-12% of population with age onset increasing during adolescence and third and fourth decades while onset after the age of 50 is unusual .
- Tumours of small intestine which represent < two percent of the malignant tumours of GIT , presenting mainly between age of 50 and 59
- Given the lack of a clear biologic marker for IBS, symptoms remain the only method of identifying the disorder .
- The reported case posed a diagnostic problem,
- This patient with a positive family history of bowel tumour had an onset of his symptoms at his early fifties, with worsening of symptoms and changing of nausea into persistent vomiting.
- Though these symptoms themselves are not a sure indicator for the presence of a more serious pathological process, they should have risen the suspicions for the presence of a more serious pathology than IBS and should have become a reason for an early hospital referral for more extensive diagnostic evaluation

Conclusion:

Early Hospital Referral aiming at extensive diagnostic evaluation should be encouraged in all patients who have the **onset of symptoms after age of 45.**

Though symptoms persistence is not an indication for further testing, it is :

- Worsening or change (Frequency or Severity)
- Alarm symptoms (Weight Loss, Bleeding, anaemia, Nocturnal Symptoms)
- Positive family history (bowel cancer)
  which should be alarming for early hospital referral and further testing

For those patients, tests should include:

- Colonoscopy
- CT of the abdomen and pelvis
- Barium studies of the small and large bowel

It was not until 2008, NICE

- **BSG Guidelines:**

- **Consider** assessment for IBS if for at least 6 months:
  - **A**bdominal pain or discomfort
  - **B**loating
  - **C**hange in bowel habit. **[2008]**

- **Exclude 'red flag'** indicators and should be referred to secondary care for further investigation if any are present:[4]
  - unintentional and unexplained weight loss
  - rectal bleeding
  - a family history of bowel or ovarian cancer
  - a change in bowel habit to looser and/or more frequent stools persisting for more than 6 weeks in a person aged over 60 years. **[2008]**

- **Assess and Examine for:**
  - anaemia
  - abdominal masses
  - rectal masses
  - inflammatory markers for inflammatory bowel disease

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- **A diagnosis of IBS should be** considered **only** if the person has :
  - abdominal pain or discomfort that is either
    - relieved by defaecation or
    - associated with altered bowel frequency or stool form.
  - This should be accompanied by **at least two** of the following four symptoms:
    - altered stool passage (straining, urgency, incomplete evacuation)
    - abdominal bloating (more common in women than men), distension, tension or hardness
    - symptoms made worse by eating
    - passage of mucus.
- **The following tests should be** undertaken to exclude other diagnoses:
  - FBC
  - ESR
  - CRP
  - antibody testing for coeliac disease (endomysial antibodies [EMA] or tissue transglutaminase [TTG]). **[2008]**

- **The following tests are not necessary** to confirm diagnosis in people who meet the IBS diagnostic criteria:
  - ultrasound
  - rigid/flexible sigmoidoscopy
  - colonoscopy; barium enema
  - thyroid function test
  - faecal ova and parasite test
  - faecal occult blood
  - hydrogen breath test (for lactose intolerance and bacterial overgrowth). **[2008]**

Most important red flag !!

If Concerned : Please refer !!!
[Medicolegal Aspects]

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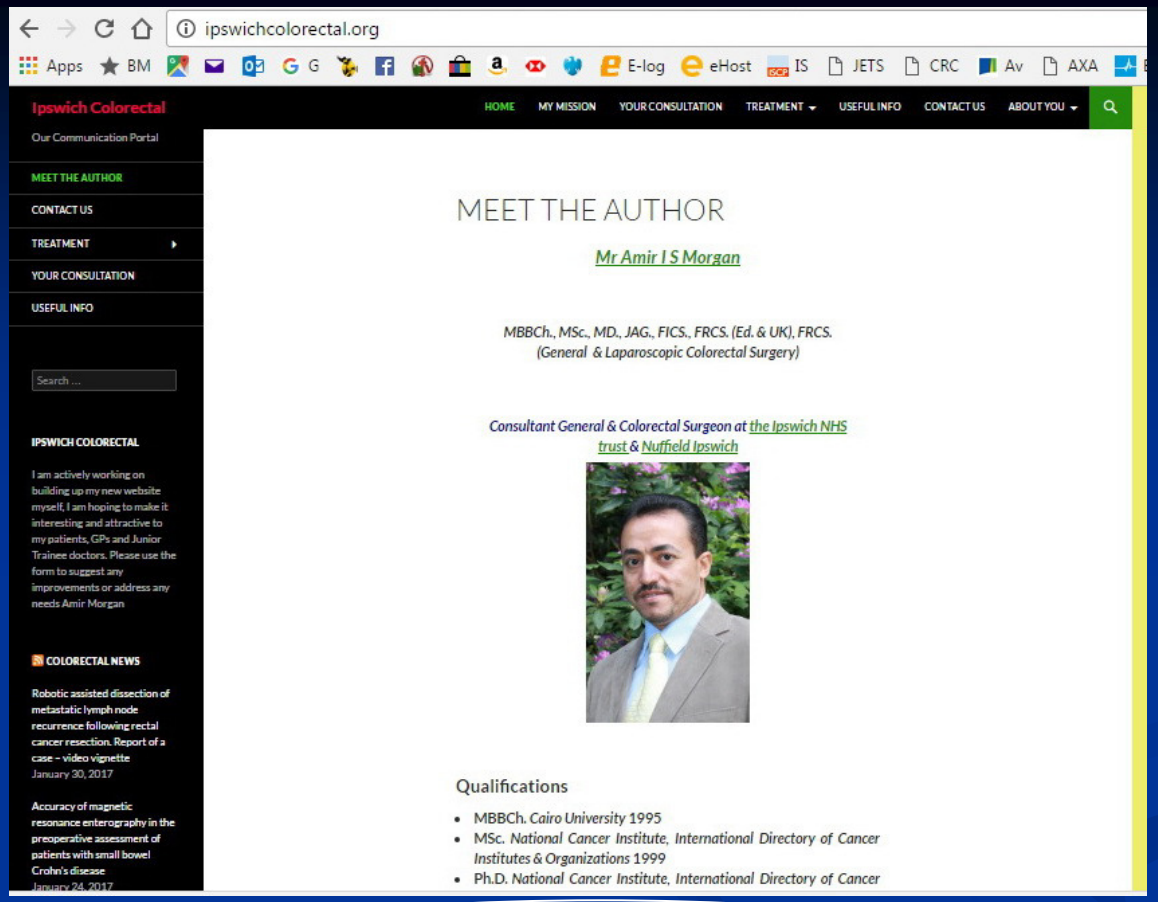

www.ipswichcolorectal.org

E-mail: amirmorgan@doctors.org.uk

Any Questions ?!!

If you have any,

Please contact me through my email, personal phone or my website. Very happy to help and answer any question

We need to communicate better for our patients