Rectal bleeding in patients with haemorrhoids. Coincidental findings in colon and rectum

MV Koning and RJLF Loffeld*

Department of Internal Medicine, Zaans Medisch Centrum, Zaandam, The Netherlands.
*Correspondence to RJLF Loffeld, Department of Internal Medicine, Zaans Medisch Centrum, PO BOX 210, 1500 EE Zaandam, The Netherlands; Email: loffeld.r@zaansmc.nl
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Introduction. Rectal bleeding is a very common clinical sign. It is often caused by haemorrhoids. However, it can be a symptom of other pathology in the rectum or colon. There are little data coincidental pathology in patients with haemorrhoids and rectal bleeding.

Objective. To examine coincidental pathology in patients with rectal bleeding and haemorrhoids, especially with respect to age.

Methods. Prospectively, 290 consecutive patients presenting with bleeding and haemorrhoids were analysed. All patients had an endoscopic examination. All significant endoscopic findings (diverticuli, polyps, cancer, angiodysplasia and varices or colitis) were recorded.

Results. The patients were divided into two groups. Group 1 consisted of patients with only haemorrhoids (n = 129, % male: 41.1, mean age: 53.6 ± 12.7 years). Group 2 consisted of patients with haemorrhoids and coincidental pathology (n = 161, % male: 46.6, mean age: 67.3 ± 13.7 years). There was no difference in gender or in the type of endoscopy. However, patients in Group 2 were significantly older.

Conclusion. It can be concluded that in cases of rectal bleeding and haemorrhoids, coincidental pathology occurs in a large proportion of patients, especially the elderly. Omitting endoscopy in these patients can lead to major doctors delay.

Keywords. Cancer, gastroenterology, epidemiology, diagnostic tests.

Introduction

Rectal bleeding is a common complaint in the general population. The exact epidemiology is not known. It is also not known how many individuals visit a doctor because of this problem. The actual number of persons seeking health care might be the top of the iceberg.1 Rectal bleeding can be a symptom of benign pathology but also a sign for colorectal cancer.2 Haemorrhoids are a very common cause.3–5 This observation makes it difficult for the GP to decide when to accept haemorrhoids as the cause of rectal bleeding and when further investigations are needed.6 While rectal bleeding occurs more often at younger age, colorectal cancer presents itself usually at ages >50 years.1,7 Therefore, age is an important and commonly used discriminant in guidelines for colorectal cancer screening. However, haemorrhoids are also present at older age.8

Guidelines on this topic are present, although clinical data are rather sparse.8 The relationship between rectal bleeding and colorectal cancer has been studied.7 However, the relationship between rectal bleeding, haemorrhoids and other pathology is not clear. For this reason, a prospective study was done in patients presenting with haemorrhoids and rectal bleeding in order to study the prevalence of other abnormalities in the colon and rectum.

Methods

Prospectively, all consecutive patients with haemorrhoids and rectal bleeding, seen in a period of 5 years at the endoscopy department of the Zaans Medisch Centrum, the community hospital of the Zaanstreek region in the Netherlands, were studied.

The main presenting complaint had to be overt rectal bleeding or the patients own observation of blood loss. Furthermore, the patients had to have haemorrhoids by own observation or detection by the GP. After standard colon cleaning with polyethylene glycol solution (Klean prep® or Moviprep®), patients underwent endoscopy of the colon and rectum using Olympus Exera 160 and 180 endoscopes. The endoscopy report was made with a customized version of the EndoBase™ system of Olympus. All findings were recorded. Clinical significant findings were defined as diverticuli, colorectal cancer, polyps (adenomas, hyperplastic and
inflammatory), inflammatory bowel disease (IBD) and angiodysplasia.

For the sake of the study, patients were divided into two groups; Group 1 consisted of patients with rectal bleeding and only haemorrhoids (this is a colon and rectum without abnormalities). Group 2 consisted of patients with rectal bleeding, haemorrhoids and coincidental findings in colon and rectum.

Statistical analysis was done with SPSS version 16.0. All testing was two tailed and P-values of <0.05 were considered significant. The Fisher’s exact or chi-square testing was used to test frequencies between categorical data. Mann–Whitney U-test was used to check for significant differences in continuous data.

The study was approved by the local ethical committee of the Zaans Medical Centre.

Results

A total of 290 patients [128 men (44.1%), 162 women (55.9%)] were seen because of rectal bleeding and haemorrhoids. Group 1 consisted of 129 patients [53 men (41.1%), 76 women (58.9%)]. Group 2 consisted of 161 patients [75 men (46.6%), 86 women (53.4%)]. There was no significant difference in gender between both groups.

Patients of Group 1 were statistical significant younger than patients in Group 2, 53.6 ± 12.7 versus 67.3 ± 13.7 years, P < 0.001.

Patients in both groups underwent the same number of colonoscopies (94.6% versus 98.8%, P = 0.08). However, the percentage of successful caecal intubation was significantly higher in Group 2 (78.7% versus 91.8%, P < 0.001).

Table 1 shows all findings at endoscopy in the different age cohorts. Figure 1 presents both groups in different age categories. With increasing age, more coincidental diagnoses were seen. Figure 2 shows this graphically. These diagnoses are presented per age cohort.

Discussion

In recent guidelines on rectal bleeding, age is an important discriminant in diagnostic tactics.9,10 In these guidelines, it is stated that patients over the age of 50 years are more likely to have an increases risk of colorectal cancer. Only the Spanish guideline mentions that in case of haemorrhoids, these should be treated first before performing any other investigations.11 Postponing endoscopy will cause a delay of ~2 weeks, which is considered as acceptable.11

With regard to the patients with known haemorrhoids, the guideline is based on an expert’s opinion because there are few data on when to suspect other pathology in a patient with haemorrhoids. Although there are data on the presence of coincidental colorectal pathology in patients with haemorrhoids undergoing endoscopy of the colon and rectum (M. V. Koning and R. J. L. F. Loffeld, submitted),12 there are no data on the key complaint of haemorrhoids, namely bleeding.

In the present study, it was seen that with increasing age, more coincidental pathology besides haemorrhoids was found. Most common coincidental pathology is diverticuli in the colon, which occur in almost 100% of the oldest patients. IBD occurs more often in younger patients with haemorrhoids. Colorectal cancer was only found in patients >50 years. These findings are in accordance with epidemiological surveys of a general population (M. V. Koning and R. J. L. F. Loffeld, submitted).12–16

This study shows that patients with haemorrhoids can have other causes of bleeding. Especially, the GP should be aware of this. Haemorrhoids can easily be identified and thus blamed for rectal bleeding. This
shortcut can lead to a doctors delay, which can be longer than the earlier mentioned 2 weeks.9

The present study has several limitations. Although it is prospectively, all patients were sent because of bleeding to the internist or gastroenterologist. Hence, selection bias is present since many patients with haemorrhoids are primarily treated by surgeons. Furthermore, patients had bleeding as their primary and most important complaint, other symptoms were not recorded. Clinical suspicion on causes other than haemorrhoids could not be objectified.

From the present study, it can be concluded that in cases of rectal bleeding in patients with haemorrhoids, coincidental pathology occurs in a large proportion of patients, especially the elderly. Omitting colonoscopy in these cases can lead to a significant delay. Hence, it is recommended to do colonoscopy in the elderly before starting treatment of haemorrhoids.

Declaration

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References


