EVALUATING THE DIAGNOSTIC YIELD OF PATIENTS PRESENTING FOR COLONOSCOPY WITH ISOLATED ABDOMINAL PAIN

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Background: Colonoscopy is used as a diagnostic and therapeutic procedure to assess patients with lower gastrointestinal disease. Practice guidelines from the American Society of Gastrointestinal Endoscopy (ASGE) outline accepted indications for colonoscopy; however, there is disagreement over there use in patients who present with abdominal pain in the absence of other symptoms. These guidelines state that colonoscopy is generally not indicated for chronic abdominal pain, noting that there are “unusual exceptions in which colonoscopy may be done once to rule out disease, especially if symptoms are unresponsive to therapy”. The diagnostic yield of colonoscopy for the isolated indication of abdominal pain is thought to be low, though few studies have been published that confirm this. While it is generally considered a safe procedure, colonoscopy carries potentially serious risks including perforation, bleeding, discomfort, and issues related to anxiolysis. Furthermore, colonoscopy is a limited resource with multiple firmly established indications.

Aims: The aim of our study was perform a quality initiative to assess the diagnostic yield of colonoscopy and procedure related complications for the isolated indication of abdominal pain.

Methods: We performed a retrospective analysis of all patients undergoing colonoscopy in the Central Zone of Nova Scotia Health Authority for the isolated indication of abdominal pain, from April 1, 2015 to March 30, 2016. Data was retrieved from the Clinical Outcomes Research Initiative (CORI) database, including patient demographics, supplemented by information obtained from regional Horizon Patient Folder. The primary outcome was endoscopic findings, and secondary outcome was procedure related complications.

Results: In total, 98 participants received a colonoscopy for isolated abdominal pain. Participants had a mean age of 52 years (range 16-84), of which 63.3% were female. Abnormal colonic findings were identified in 48% of colonoscopy reports, with biopsies taken in 56% of cases. Colonic polyps and diverticulosis were each detected in 24.5% of participants and were the most frequent diagnostic findings. Other findings at time of colonoscopy included hemorrhoid (3.1%), malignancy (1.0%), and Crohn’s disease (1.0%). No immediate complications were reported.

Conclusions: Over half of the patients underwent a biopsy during the procedure and approximately 1 in 4 patients were found to have polyps. The diagnoses of Crohn’s disease, malignancy and diverticular disease may account for patients’ abdominal pain; however, these finding represented only 27% of our study population. This quality analysis reveals a low diagnostic yield for significant findings that may be attributable to the patients’ abdominal pain at our center. More research is needed to determine what subgroups of patients with abdominal pain may benefit from colonoscopy.
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