Descriptive Study of Patients Referred for Colonoscopy at Gastro-enterology Unit at Al-Imamain Al-Kadhemain Medical City in Baghdad

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Abstract

Background: Colonoscopy is a critical and frequently used medical procedure that is essential in identifying colonic and rectal cancers in a timely manner. It remains the preferred method for visualizing the colonic and rectal mucosae, enabling the detection of conditions like carcinoma, adenoma, and inflammation. Colorectal cancer is the third most common cancer worldwide, and due to its tendency to present late, screening programs that rely on a sensitive tool like colonoscopy are of utmost importance.

Objectives: To evaluate the clinical characteristics and colonoscopic findings, including colorectal cancer, among patients referred to the gastro-enterology unit in Al-Imamain Al-Kadhemain Medical City and determine the most common presenting symptoms of colorectal diseases.

Patients and Methods: A study was conducted at the GIT unit of Al-Imamain Al-Kadhemain Medical City from November 2022 to March 2023 involving 120 patients who underwent colonoscopy. The study recorded the presenting complaint and colonoscopy results. The mean and standard deviation were used to express continuous variables, while frequency and percentage were used for categorical variables The difference between means was tested using Welch's t-test, and a *P*-value less than 0.05 was considered statistically significant.

Result: The study included a total of 120 participants, with an average age of 46.57 years. The leading indication for colonoscopy was bleeding per rectum (45%), followed by chronic constipation (26.6%) and chronic abdominal pain (21.6%). The most common pathologies observed during colonoscopy were internal hemorrhoid (18.3%), polyposis (15%), and colorectal cancer (13.3%).

Conclusion: Rectal bleeding is the primary reason for conducting colonoscopy and is also the most common symptom of colorectal cancer. During colonoscopy, Internal hemorrhoids are frequently observed, which is the most common cause of rectal bleeding. Polyps and colorectal cancer are the next most frequent causes of rectal bleeding.

Keywords: Colonoscopy; Colorectal cancer; Descriptive study; Gastro-enterology; Internal hemorrhoids;Polyps.

Introduction:

Colorectal cancer (CRC) ranks as the third most prevalent cancer globally and is the fourth highest contributor to cancer-related fatalities. This malignancy affects individuals of all genders, ethnicities, and races, with a higher incidence observed in individuals aged 50 years and above [1,2]. Based on the findings of the Iraqi Cancer Board, CRC was determined to be the seventh most frequently diagnosed cancer in both males and females within the Iraqi population [3]. In developing countries, limited healthcare resources and challenges stemming from political and economic instability contribute to unfavorable cancer outcomes. [4]. Between 2002 and 2011, the *

incidence rate of the condition rose from 2.75 per 10^5 individuals to 3.26 per 10^5 individuals. Approximately, half of the reported cases were detected among individuals aged 40 to 59 years [3,5]. In Iraq, individuals diagnosed with CRC tend to present at a later stage of the disease, characterized by multiple metastases, when treatment options are limited.

The reluctance to undergo screening colonoscopy is often influenced by cultural factors and traditions, leading many patients to perceive this procedure as unacceptable [6,7]. Around 75% of CRC cases arise sporadically, without a familial link, while the remaining 25% of cases are associated with hereditary syndromes within families [1].

The symptoms experienced by individuals with CRC can vary based on the location of the tumor. Tumors in the left colon typically manifest as fresh rectal

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bleeding, and early obstruction may occur. On the other hand, tumors in the right colon often result in anemia due to hidden bleeding or changes in bowel habits, with obstruction being a late manifestation [8]. Furthermore, the clinical presentation of patients with CRC can overlap with that of many other colorectal diseases which encompass a broad spectrum of benign to malignant lesions [9]. This fact could impose a problem as many cases, which turned to be CRC following colonoscopic examination, have been misdiagnosed as other conditions when the diagnosis was made based on the clinical picture alone [10]. On the other hand, high diagnostic accuracy of colonoscopy for CRC was reported by some authors [11] when the examination findings are compared to the clinical picture of the examined patients.

Colonoscopy is the preferred diagnostic procedure due to its higher sensitivity and specificity compared to a barium enema. In addition, it allows for the biopsy of lesions and the removal of polyps. The significance of colonoscopy as a diagnostic modality lies in its capacity to detect, visualize, and eliminate both malignant and premalignant lesions [5].

Colorectal cancer screening programs have been implemented worldwide, Rahman et al. [10], reported CRC as the second most common colonoscopically-made diagnosis (27.5%) in patients presented with lower gastrointestinal bleeding, just second to hemorrhoids (28.5%). A study in Azerbaijan [9] showed a prevalence of 4.9% of CRC among patients who undergo colonoscopy in whom chronic unexplained abdominal pain and rectal bleeding were the most common indications for colonoscopy, while almost 33% had a normal colonoscopy. Another study in Lithuania [12] demonstrated about 3.1% CRC prevalence among those undergoing colonoscopy following a positive Fecal Immunochemical Test (FIT) as part of CRC screening. In Kazakhstan, 0.05% of those screened by colonoscopy had a diagnosis of CRC [13].

Consequently, this study was conducted to provide an overview of the clinical features and colonoscopic findings, including colorectal cancer, in patients who were referred to the GIT unit at Al-Imamain Al-Kadhemain Medical City. Additionally, the study aimed to assess the most common presenting symptoms associated with colorectal cancer.

Patients and Methods
Study design and settings
This cross-sectional study was conducted from November 2022 to March 2023 in Al-Imamain Al-Kadhemain Medical City's endoscopy unit.
Data collection
One hundred twenty patients referred to the endoscopy unit with various lower GIT symptoms were included in this research. Patients were selected by convenience sampling. Data collection included demographic information (age and sex), any family history of CRC, the main presentation as well as the duration of symptoms focusing mainly

on those symptoms suggestive of CRC (bleeding per rectum, alteration in bowel habit, and tenesmus).
Study groups
Two groups were defined in this study according to colonoscopy and pathological examination of their biopsies:
- Group I: 103 cases without CRC.
- Group II: 17 cases diagnosed with CRC.
Outcome assessment
Prior to performing a colonoscopy, the initial procedure entailed a digital rectal examination to identify any rectal masses or anal strictures and to assess the adequacy of bowel preparation. Subsequently, the endoscope was inserted through the anus, progressing through the rectum, colon (including the sigmoid, descending, transverse, ascending colon, and the cecum), and ultimately reaching the terminal ileum. Numerous biopsies were taken from pathological lesions for histopathological analysis. After completing the procedure, the patients were moved to a recovery room and monitored for pain, level of consciousness, signs of perforation, respiratory distress, and hemodynamic stability. The average duration of the procedures was 20 minutes.

Inclusion criteria
All patients referred to the endoscopy unit during the period of the study were included in this research.
Exclusion criteria
Ill-prepared patients before colonoscopy were excluded from the study.

Statistical analysis
Continuous variables were expressed as mean and standard deviation. Categorical variables were expressed as frequency and percentage. The Welch's t-test (for normally distributed variables) was performed to test the difference between means.
A P-value less than 0.05 was considered statistically significant. R software packages (dplyr, gt_summery, and ggplot) were used for data processing, and statistical analysis ("R version 4.2.2, R Foundation for Statistical Computing, Vienna, Austria").

Ethical issues
Ethical and scientific approval for the research was obtained from the Scientific Committee at Al-Nahrain University / College of Medicine. Verbal consent was obtained from all patients before starting data collection and after explaining the aims of the study and assuring confidentiality.

Results
A total of 120 patients were included in the study. The mean age was 46.57 ± 19.12 years with male patients outnumbering the female patients (66.7% and 33.3%, respectively).
Although patients diagnosed with CRC were older than those in the other group (51.73 ± 6.45 years and 40.53 ± 18.1 years, respectively), the difference was of low statistical significance (P-value = 0.09).

Table 1: Description of patient's demographic data

Characteristic	Overall, N = 120[1]	Group I, N = 103[1]	Group II, N = 17[1]	P-value[2]
Age/years	46.57 ± 19.12	40.53 ± 18.1	51.73 ± 6.45	0.09
Sex				
Male	80 (66.7%)	67 (65.39%)	13 (75%)	0.59
Female	40 (33.3%)	36 (34.61%)	4 (25%)	

[1]Mean ± SD
[2]Welch Two Sample t-test

Family history of CRC was reported in 6.67% of patients, whereas 93.33% had no family history of CRC. The vast majority of the patients were well-prepared for colonoscopy (91.7%). Cecal intubation was confirmed in around two-thirds of the cases (63.3%).

Concerning the presenting complaint, bleeding per rectum was the commonest presenting symptom (45%) among all patients admitted to colonoscopy followed by chronic constipation (26.6%).

Table 2: The main presenting symptoms reported by patients of the studied group

Main presenting symptom	Frequency	(%)
Bleeding per rectum	54	45
Chronic constipation	32	26.6
Chronic abdominal pain	26	21.6
Weight loss	20	16.6
Chronic diarrhea	18	15
Tenesmus	16	13.3
Anemia	6	5

The most common diagnosis after colonoscopy and pathological examination was internal hemorrhoid (18.3%) followed by polyposis (15%), then colorectal cancer (13.3%) with a slightly higher localization to the left colon (56%) than the right. On the other hand, about one-quarter of the patients (23.3%) had a normal colonoscopic examination. Most patients (41%) had two internal hemorrhoids.

Table 3: The distribution of final diagnosis after colonoscopy and pathological examination among patients of the studied group

Diagnosis	Frequency	(%)
Normal colonoscopy	28	23.3
Internal haemorrhoid	22	18.3
- One	8	36.3
- Two	9	41
- Three	5	22.7
Polyposis	18	15
Colorectal cancer	16	13.3
- Left-sided	9	56
- Right-sided	7	44
IBD	12	10
Non-specific colitis	10	8.3
Anal fissure	6	5
Diverticulosis	6	5

Regarding colorectal polyps, adenomatous polyp was the most commonly detected type during colonoscopy accounting for 66.7% of the total, followed by hyperplastic and serrated polyps. Considering the location of the polyps, the sigmoid colon has the highest frequency (44.4% of the total). The descending colon comes next, then the rectum and transverse colon.

Table 4: The distribution of the type, number, and site of polyps as detected on colonoscopic examination

Polyp	Frequency	(%)
Polyp type		
- Adenomatous polyps	12	66.7%
- Hyperplastic polyps	5	27.8%
- Serrated polyps	1	5.6%
Polyp number		
- 1	11	61.1
- 2	6	27.8
- ≥ 3	2	11.1
Polyp site		
- Sigmoid colon	8	44.4
- Descending colon	5	27.8
- Rectum	3	16.7
- Transverse colon	2	11.1
Total	18	

Regarding the presenting complaints among patients with colorectal cancer, bleeding per rectum was the most common presenting symptom (87.5%) followed by chronic constipation (62.5%).

Table 5: The main presenting symptoms that were reported by patients with colorectal cancer

Main presenting symptom	Frequency	(%)
Bleeding per rectum	14	87.5
Chronic constipation	10	62.5
Chronic abdominal pain	8	50
Weight loss	6	37.5
Tenesmus	4	25
Anemia	4	25
Chronic diarrhea	2	12.5

Discussion

Colonoscopy is a recognized and widely utilized method for assessing conditions affecting the colon. Over time, there has been a growing demand for colonoscopy, coinciding with a decrease in the rate of complications associated with the procedure [14]. Colonoscopy is performed for a range of purposes, including the investigation of gastrointestinal bleeding, abdominal pain, unexplained alterations in bowel habits, suspicion of malignancy, or the identification of abnormalities found in ultrasound imaging. Additionally, individuals with a previous history of polyps, colonic cancer, or a family history of colonic cancer may undergo regular or periodic colonoscopies as a precautionary measure [15]. Our study included 120 patients, comprising 80 (66.7%) males and 40 (33.3%) females, the mean age was 46.57 years. On the other hand, participants included in studies by Chiu et al. [16] and Hotta et al. [17] were slightly older (mean age of 57.8 and 59.5 years). In our study, the most common presenting complaints for the patients undergoing colonoscopy were, per-rectal bleeding (45%), change in bowel habits (41.6%), and abdominal pain (21.6%). Grossman et al. [18] and Chiu et al. [16], on the other hand; screened asymptomatic patients with a high risk of colorectal cancer. The current study included 8 (6.67%) patients with a family history of CRC, similar results were observed by Regula et al. [19]. Nonetheless, up to 33.7% of the cases included in a study by Hotta et al. [17] showed a positive family history of CRC. In our study, cecal intubation was confirmed in 63.3% of patients. Incomplete intubation was done in 8.3% of patients because of the presence of constrictive lesions or bad bowel preparation. No reported cases of perforation were seen. A similar result is seen in the study by Kubisch et al. [20] who reported that 91.7% of colonoscopies were complete and that incomplete colonoscopy cases were owing to the remaining stool and stenosis in 8.3%. Bleeding per rectum was the commonest clinical indication for colonoscopy in 54 patients (45%) followed by chronic constipation in 32 patients (26.6%) and chronic abdominal pain in 26 patients (21.6%). These results agree with another study that revealed bleeding per rectum and abdominal pain as common problems that cause patients to seek medical help and rectal bleeding is

an early indicator of many gastrointestinal disorders including colorectal cancer [21]. In this study, the incidence of colorectal cancer was 13.3 % (16 cases from a total of 120 colonoscopies), with 75% of cases observed in males and 25% of cases in females. Location-wise, more than half (56%) of the cases of CRC were detected in the left colon. This is close to a study in Iran [22] where the incidence of colorectal cancer was 11.34% (5670 cases from a total of 50000 colonoscopies), 55% of whom had left-sided cancer; additionally, 55.73% of cases were males and 44.27% females. However, a lower incidence of 5.34% was shown by Potter et al. [23] where about two-thirds of the cases were males and the remaining third in females. This difference in incidence could be explained by differences in sample size or may be due to geographical variation. In our study, the most common pathologies seen at colonoscopy were internal hemorrhoid 18.3% followed by polyposis 15%, then colorectal cancer 13.3%, and IBD 10%. On the other hand, a study by Olokoba et al. showed that the most common pathologies found at colonoscopy were cancer colon followed by diverticulosis and polyps [15]. With respect to colorectal polyps, adenomatous polyps (66.7%) predominate the colonoscopic findings with the sigmoid colon being the most common site where polyps were found (44.4% of cases). Almost two-thirds (61.1%) of patients had a solitary polyp. Likewise, solitary polyp dominates the picture (74%) in a study by Iravani et al. [24], in addition, the authors reported that rectosigmoid was the most common site (63%) for colorectal polyps.

This study has to be interpreted in light of its limitations, where time constraints and a small sample size could limit the generalizability of the results. However, the current study, by identifying how frequent colorectal cancer is among the Iraqi population and the most common presenting features, attempting at bringing into attention such common and fatal health problem with the aim for encouraging the effective implementation of CRC screening program in Iraq.

Conclusion:

The frequency of colorectal cancer was found to equal 13.3% with higher occurrence in older patients and male participants. Rectal bleeding was the commonest indication for performing colonoscopy and the most frequent presentation of CRC. Internal hemorrhoids were the commonest findings in patients undergoing colonoscopy and the most common cause of rectal bleeding followed by polyps and colorectal cancer. Single polyp and sigmoid colon were the commonest number and site of polyps encountered during colonoscopy.

Authors Declaration:

We confirm that all the Figures and Tables in the manuscript belong to the current study. Besides, the Figures and images, which do not belong to the current study, have been given permission for re-publication attached to the manuscript. Authors sign on ethical consideration's approval-Ethical Clearance: The project was approved by the local ethical committee in (Al-Imamain Al-Kadhimain Medical City) according to the code number (33261) on 25.10.2022.

Authors' Contributions

Dr. Bashar A. Abdulhassan (Conception of design of the work, Critical revision of the article and Final approval of the version to be published)
Dr. Qahtan Adnan Mahdi (The conception of design of the work, Critical revision of the article and Drafting the article)
Dr. Mushtaq Talib Meesha (Conception of the design of the work, Critical revision of the article, and Drafting the article)
Dr. Sajjad Mohammed Ali Kadhim (Data collection, Drafting the article,Data analysis and interpretation)
Dr. Muhammed Hasan Ali (Data collection, Drafting the article,Data analysis and interpretation)
Dr. Ali A. Noori (Conception of the design of the work, Critical revision of the article, and Drafting the article)

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المعدل والاعراض السريرية لسرطان القولون والمستقيم عند المرضى المرسلين لأجراء ناظور القولون في وحدة الجهاز الهضمي في المدينة الطبية

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الخلفية
تنظير القولون هو إجراء طبي بالغ الأهمية ومستخدم بشكل متكرر وضروري لتحديد سرطان القولون والمستقيم في الوقت المناسب. وتظل الطريقة المفضلة لتصوير الغشاء المخاطي للقولون والمستقيم، مما يتيح اكتشاف حالات مثل السرطان والأورام الغدية والالتهابات. يعد سرطان القولون والمستقيم ثالث أكثر أنواع السرطان شيوعًا في جميع أنحاء العالم، ونظرًا لميله إلى الظهور متأخرًا، فإن برامج الفحص التي تعتمد على أدوات حساسة مثل تنظير القولون لها أهمية قصوى.

الأهداف: لتقييم الخصائص السريرية والنتائج بالمنظار، بما في ذلك سرطان القولون والمستقيم، بين المرضى المحالين إلى وحدة أمراض الجهاز الهضمي في مدينة الإمامين الكاظمين الطبية وتحديد الأعراض الأكثر شيوعاً لأمراض القولون والمستقيم.

الطرق: أجريت دراسة في وحدة الجهاز الهضمي في مدينة الإمامين الكاظمين الطبية في الفترة من نوفمبر 2022 إلى مارس 2023 شملت 120 مريضاً خضعوا لتنظير القولون. سجلت الدراسة تقديم الشكوى ونتائج تنظير القولون. تم استخدام المتوسط والانحراف المعياري للتعبير عن المتغيرات المستمرة، في حين تم استخدام التكرار والنسبة المئوية للمتغيرات الفئوية. تم اختبار الفرق بين المتوسطات باستخدام اختبار Welch's t، واعتبرت القيمة P الأقل من 0.05 ذات دلالة إحصائية.

النتائج: وشملت الدراسة إجمالي 120 مشاركًا، بمتوسط عمر 46.57 عامًا. كان المؤشر الرئيسي لتنظير القولون هو النزيف في المستقيم (45٪)، يليه الإمساك المزمن (26.6٪) وآلام البطن المزمنة (21.6٪). وكانت الأمراض الأكثر شيوعا التي لوحظت أثناء تنظير القولون هي البواسير الداخلية (18.3٪)، داء السلائل (15٪)، وسرطان القولون والمستقيم (13.3٪).

الاستنتاج: يعد نزيف المستقيم هو السبب الرئيسي لإجراء تنظير القولون وهو أيضًا أكثر أعراض سرطان القولون والمستقيم شيوعًا. أثناء تنظير القولون، يتم ملاحظة البواسير الداخلية بشكل متكرر، وهو السبب الأكثر شيوعًا لنزيف المستقيم. تعتبر الأورام الحميدة وسرطان القولون والمستقيم من الأسباب التالية الأكثر شيوعًا لنزيف المستقيم.

الكلمات المفتاحية: تنظير القولون، سرطان القولون والمستقيم، دراسة وصفية، أمراض الجهاز الهضمي، البواسير الداخلية، الأورام الحميدة.