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PROCTOSCOPIC PATTERN OF COMMON ANORECTAL DISEASES ATTENDING AT RAFATULLAH COMMUNITY HOSPITAL, BOGRA.

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Abstract

Objective: To explore the epidemiological pattern of anorectal diseases in Rafatullah Community Hospital. **Methods**: An retrospective study was conducted to assess and determine the anorectal disease pattern at Rafatullah Community Hospital (RCH), Bogra, Bangladesh. **Results:** Among these 268 patients, 163 (60.8%) patients were female and 105 (39.2%) patients were male. Among the registered patients the lowest age of the patient was 7 and highest was 76 years. The variable 'age' was further grouped as 7-20 years group 1, 21-30 years group 2, 31-40 years group 3, 41-50 years group 4, 51-60 years group 5, 61-70 years group 6 and 70 years were in group 7. According to the age groups, Group-1 had 17 (6.3%), Group-2 had 80 (29.9%), Group-3 had 70 (26.1%), Group-4 had 64 (23.9%), Group-5 had 21 (7.8%), Group-6 had 11 (4.1%) and group-7 had 4 (1.5%) of patients. The study showed that majority of the cases were Anal Fissure 48.9% (n=131), second major cases were Hemorrhoids 19.8% (n=53,), 3rd were with Normal Findings 11.6% (n=31,). Among the other major cases Anal Fistula 8.2% (n=22), Carcinoma Rectum 2.6%(n=7) and Sentinel Piles 2.2% (n=6). **Conclusion**: Proctoscopy in anorectal diseases increases the accuracy of diagnosis.

Key word – Proctoscopy, anorectum, anal fissure.

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Introduction:

Diseases of the rectum and anus are common phenomena. Their prevalence in the general population is probably much higher than that seen in our clinical practices. The most patients with symptoms referable to the anus and rectum usually do not seek medical attention. The examination and diagnosis of certain anorectal disorders can be challenging, it is a matter of concern that clinical examination of anorectum is infrequently performed in general medical practice.

Anorectal disorders include a diverse group of pathologic disorders that generate significant patient discomfort and disability. Although these are frequently encountered in general medical practice, they often receive only casual attention and temporary relief.

The diagnosis and management of hemorrhoids, fissures, and pruritus ani, account on rough estimates, for more than 81% of the complaints centering around this part of the human anatomy[1].

A systematic approach to patients with anorectal complaints allows for an accurate and efficient diagnosis of the underlying problem. The process can be interviewing the client, clinical examination, and co-relation of information. Throughout the process, the patient should be reassured and made as comfortable as possible. The key to diagnosis remains the patient history and confirmation by anoscope and proctoscope.

There are few studies carried out on the epidemiologic on anorectal disorders in Bangladesh, specially on proctoscopic prevalence of anorectal disease. As proctoscopic examination provides more accurate diagnosis, the prevalence of common anorectal diseases can be more accurately determined.

Methods:

A retrospective study was conducted to assess and determine the anorectal disease pattern at Rafatullah Community Hospital (RCH), Bogra, Bangladesh. There are 52 sub-clinics of RCH in the different areas of North Bengal, from where patient comes to RCH for their health related problems, they were mainly Naogan, Adamdighi, Dupchachia, Altaf Nagar, Durgapur, Sukanpukur, Kutubpur, Hatfulbari, Gabtoli, Golabari, Mazhira, Kalai, Mokamtola, Sirhotti, Pirob, Punot, Madla Singra, Nandigram, Gohail, Malancha, Khetlal, Molamgari, Dhaperhat, Palashbari, Kamarpur, Mahimagang, Fasitola and Godarpara. These sub-clinics include Bogra, Joypurhat and Gaibandha, the three major districts of Northern Region of Bangladesh.

The data were collected from the operating room “Proctoscopy Registrar Book” and with the prior permission from the hospital authority. Patient with same registration number and name was excluded from the study (follow-up cases) to avoid duplication of data. Informed consent was taken from each patient regarding the proctoscopic examination. Collected data were managed and analyzed by using SPSS-16. And proper statistical modeling was used to minimize biases.

Result:

The main objective of the study was to explore the epidemiological pattern of anorectal diseases revealed through proctoscopy at RCH. Total 268 patients attended the Operating Room for proctoscopy from January 2010 to March 2012. Among these 268 patients, 163 (60.8%) patients were female and 105 (39.2%) patients were male. Among the registered patients the lowest age of the patient was 7 and highest was 76 yrs. The age further

grouped as 7-20 yrs group 1, 21-30 yrs group 2, 31-40 yrs group 3, 41-50 yrs group 4, 51-60 yrs group 5, 61-70 yrs group 6 and 70 yrs were in group 7. According to the age groups, Group-1 had 17 (6.3%), Group-2 had 80 (29.9%), Group-3 had 70 (26.1%), Group-4 had 64 (23.9%), Group-5 had 21 (7.8%), Group-6 had 11 (4.1%) and group-7 had 4 (1.5%) of patients. The study showed that majority of the cases were Anal Fissure 48.9% (n=131), second major cases were Hemorrhoids 19.8% (n=53,), 3rd were with Normal Findings 11.6% (n=31,). Among the other major cases Anal Fistula 8.2% (n=22), Carcinoma Rectum 2.6%(n=7) and Sentinal Piles 2.2% (n=6). The rest of the cases were illustrated in Table-I.

Discussion:

The main objective of the study was to explore the proctoscopic pattern of common anorectal diseases among the patients attending at Rafatullah Community Hospital, Bogra. The study revealed that majority of the cases were anal fissure 48.9%, in comparison to a study done at Rajshahi Medical College Hospital, showed 50.42% cases were anal fissure[2]. According to that study the majority cases were hemorrhoids (60.22%)[2], where as the present study showed hemorrhoids were 19.8% and it were the second major anorectal disorder. The differences between data of these two studies were mainly, one is this study was a retrospective study and the other one is perspective study, this study involves in direct evaluation of the patients through proctoscope and the other one used the structured questionnaire.

The present study showed the prevalence of anorectal cancer was 2.61%(n=7) however other study showed the incidence of colonic and rectal cancer is 0.72/100,00 in male and 0.69/100,000 in female in India and highest is in Philippines with incidence of 0.64/100,000 in male and 0.65/100,000 in female[3].

A study on prevalence of benign anorectal diseases showed most of the patients were suffering from hemorrhoids[4]. The study showed the prevalence is more in females than males[4]. Our present study also showed similar findings majority of the cases were hemorrhoids and were in females. An North American study also showed that most of the cases of anorectal diseases were hemorrhoids and most common cause of hematochezia were also hemorrhoids. The study also mention most of the case later diagnosed by endoscopy and biopy[5].

Conclusion:

Most of the times the omission of anorectal examination has been a cause of missed diagnosis and many anorectal disorders are wrongly diagnosed and treated. For this, there are increased sufferings of the patients. Proctoscopy can increase the incidence of accuracy of diagnosis. Any symptoms suspected anorectal disorders, the physician must perform anorectal endoscopy.

Table – I : Proctoscopic pattern of common anorectal diseases attending at RCH (N = 268)

Name of the Diseases	Frequency	Percent
Anal Fissure	131	48.88
Anal Fistula	22	8.21
Anal Growth	1	0.37
Anal Papilloma	1	0.37
Anal Stenosis	3	1.12
BEP	1	0.37
Ca. Rectum	7	2.61
Fungual Infection Perianal Region	1	0.37
Hemorroid	53	19.78
Normal Findings	31	11.57
Perianal abscess	1	0.37
Perianal Ulceration	1	0.37
Perineal Sinus	1	0.37
Pilonidal Sinus	1	0.37
Prostatitis	1	0.37
Rectal Papilloma	1	0.37
Rectal Ulcer	1	0.37
Rectocele	1	0.37
Sentinal Piles	6	2.24
Tineasis	1	0.37
Ulcerative Collitis	2	0.75
Total	268	100.0

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