SUMMARY & CONCLUSION

Bleeding per-rectum is one of the most common indications for acute admissions into the colorectal department of a hospital. Controversy still surrounds the diagnosis and management of lower gastrointestinal bleeding especially regarding the optimal strategy for evaluating rectal bleeding.

Most practices depend on local and availability of diagnostic and therapeutic modalities rather than a systematic logarithm. The best method of management depends on whether bleeding persists, the severity of continued bleeding, transfusion requirements, and the specific origin of the bleeding, the site and cause of bleeding is related to patient age.

This study included 150 patients with rectal bleeding in whom the cause of bleeding was searched for by five diagnostic tools. The colonoscopy is the most accurate diagnostic tool in non obvious cases as (external piles, anal fissures and rectal prolapse) with high percentage about 100 % but is contra indicated in all cases of acute inflammation to avoid false passage as (diverticulitis, active ulcerative colitis).

The 2nd accurate diagnostic tool is the mesenteric angiography but it is expensive and invasive.

The 3rd diagnostic tool is proctoscopy in low colonic lesions only .

The 4th is the A.C.B.E provided that the patient is well preparated and there is no acute inflammation.

Histopathological examination of the lesion (the 5th diagnostic tool) is the sure diagnosis of the cause if the biopsy is taken from the pathological site, as the biopsy is taken under vision by proctoscopy, colonoscopy, incisonal or excisonal biopsies.

It is concluded that : To reach a correct diagnosis for the cause of rectal bleeding and to use a cost-effective tool one must try to see the lesion either by proctoscopy or colonoscopy and take a biopsy from the lesion for histopathologic examination. Angiography should be restricted to obscure cases of moderate or massive bleeding.