SUMMARY

Lower G.I.T. bleeding is a difficult problem which may face the physician at any time either as acute urgent cases or chronic cold cases. Diagnosis and management of bleeding per rectum may require the efforts of internist, radiologist, endoscopist and surgeon working as a team. Bleeding per rectum is not necessarily rectal in origin, but it may originate from anywhere in the gastrointestinal tract from mouth to anus, and usually it indicates bleeding of lower intestinal origin, i.e., from a point below the level of ligament of Treitz.

As regards the aetiology of lower G.I.T. bleeding experiences of many surgeons have been reviewed to evaluate the relative frequency of many diseases involved in its causation. The most common cause is the ano-rectal lesions, e .g . haemorrhoids, anal fissure and rectal varices. Colorectal cancer is also a frequent cause especially in elderly patients. The role of diverticular disease in massive lower gastrointestinal haemorrhage has been postulated. Since using selective angiography for identifying the source of bleeding, there has been increased recognition of bleeding from vascular abnormalities of the colon . Many authors have suggested that angiodysplasia are as important as or even more important than diverticular disease in the causation of lower gastrointestinal bleeding. Other less important causes have been reported as inflammatory bowel diseases, colonic polyps, benign rectal ulcer and small bowel neoplasm. In Egypt, bilharziasis is one of the commonest causes of rectal bleeding .

In then early 1960,s the role of diverticulosis in massive lower inestinal bleeding was postulated and widely accepted. This role was based upon acceptance of "diagnosis by exclusion, that is, failure to identify another cause of bleeding in patient with diverticulosis. After introduction of selective engiography for identifying the source of intestinal bleeding there has been increased recogniton of bleeding from cecal vascular abnormalities.

Clinical diagnosis based on clinical history taken and physical examination is very important and should be completed as rapidly as in possible in order to plan the management lines. Various diagnostic methods may be necessary to achieve a precise diagnosis as regarding the site and pathologic nature of the bleeding lesion. Hematological and stool examination, radiological studies, endoscopic examination [proctosigmoidscopy, colonoscopy, and per oral panendoscopy], radionuclides [nuclear scintigraphy, and angiography], all or some may be needed .

The use of selective angioraphy and radionuclide studies, e. g. [99–m –Tc sulfur colloid ,in vivo 99-m-Tc RBCs and in vitro 99-m–Tc RBCs] in identifying the precise bleeding site, has led to a great change of diagnostic measures and therapeutic procedures of lower G .I . T. bleeding also it resulted in drastic reduction of mortality and morbidity rates.

In addition to the diagnostic value of angiography the therapeutic potential of angiographic catheter promises to bring even greater changes to the management of rectal bleeding. The efficacy of vasopressin transcatheter infusion

has demonstrated, however, the failure of vasopressin to permanently or consistently controlling the bleeding has prompted the transcatheter embolic techniques. Some experiences suggested that selective embolic therapy may offer an attractive alternative to surgery in the treatment of bleeding colonic diverticula, particularly in the elderly and poor – risk patients.

Selective angiographic studies have permitted performance of segmental resection of the colon for the management of most bleeding patients indicated for surgery . However, the unavailability of the angiography for patients indicated for surgery will make total colectomy more in practice with the expectation of higher morbidity and mortality. Recently introduced methods for colonoscpic control of bleeding using electro-coagulation and laser photocoagulation therapy have been reviewed .

In proposed protocols for management of patients bleeding from rectum, patients were classified to: non massive bleeding patients and acute massively bleeding ones. In the approach to the diagnosis and management of such patients, the selective arteriography technique has been adopted as a first step investigational method in indicated patients.

While lower G.I.T. bleeding can be a very difficult case to manage, appropriate investigations and correctly timed adequate management, would minimize the high morbidity and mortality rates formerly attributed to this condition .

ERRATA

Page	Line	Error	Correct
2	23	aim	aim of
14	17	disears	diseases
15	11	nay	may
18	20	perse	per see
19	11	from	.....
19	15	epihelium	epithelium
19	24	ar	or
20	12	confirmed by	.....
25	1	bleed	Blood
26	10	pseudo polps	Pseudo polyps
26	22	epitheium	Epithelium
34	2	suply	supply
35	14	in is	it is
35	16	rectol	rectal
35	24	blood and mucous	blood and mucus
38	12	we	they
41	6	loos	loss
45	12	abnormatities	abnormalities
45	19	abd	and
49	8	jeghess	jeghers
52	1	and	.....
55	26	interamural	intramural
59	21	multible	multiple
83	13	unite	unit