

Table 2. The Etiology of Bleeding

Cause		Frequency	Percent
Diverticulae		12	12%
Colonic Angiodysplasia		11	11%
Colitis (total = 38)	ulcerative Colitis	28	38%
	Crohn's Colitis	4	
	Infectious	4	
	Ischemic	1	
	Drug induced	1	
Colonic neoplasia (total = 12)	Colonic polyp	6	12%
	Colonic carcinoma	4	
	Post-Polypectomy bleeding	2	
Anorectal Lesions (total = 21)	Piles	8	21%
	Solitary Rectal Ulcer	4	
	Rectal polyp(non-neoplastic)	9	
Small Intestinal Source (total = 5)	Typhoid ulcer	2	5%
	T.B. ilietis	1	
	Intestinal Telengectasia	1	
	Meckls diverticulum	1	
Colonic Dieulafoy lesion		1	1%

Statistical analysis of the etiological data in different age group showed that the diverticular bleeding is the most frequent cause in patient's age more than 50 years (33.3%) followed by angiodysplasia (27.7%). Colitis was the most common cause of bleeding in age group below 50 years old (55.3%).

The children (age < 12 years), non- neoplastic rectal polyp is the most frequent cause of lower G.I.T bleeding (52.9%). The etiology in different age groups is shown in table 3.

During the hospitalization of the patients, spontaneous cessation of the bleeding occurred in 79 patients. Endoscopic control of the bleeding was attempted in the remaining 21 patients, and it was successful in 17 patients (6 patients with diverticular bleeding; 8 patients with angiodysplasia; 2 with postpolypectomy bleeding and one patient with colonic dieulafoy lesion).

The remaining 4 patients in whom endoscopic therapy failed or cannot be done were referred for emergency surgery (1 with Meckles disease, 1 with intestinal telengectasia and 2 patients with diverticular bleeding).

The mortality was reported in 3 patients (1 with bleeding dieulafoy lesion, 1 patient with ischemic colitis and 1 patient with diverticular bleeding).

Discussion

Lower GI bleeding encompasses a wide clinical spectrum ranging from trivial bleeding to massive hemorrhage with shock. Lower GI bleeding is more common in men than in women, which is different from our study group which showed slight female predominance (55 versus 45 patients), and the incidence rate increases with age, with a greater than 200-fold increase from the 3rd to the 9th decades of life ⁽²⁾.