

Table 3. The etiology in different age groups

| Etiology | Age <12 (17 patients) | Age <50 (47 patients) | Age >50 (36 patients) | Total (100) |
|--------------------------|--------------------------|--------------------------|--------------------------|----------------|
| Diverticular disease | - | - | 12(33.3%) | 12 |
| Colonic angiodysplasia | - | 1(2.1%) | 10(27.7%) | 11 |
| Colitis | 7 (41.1%) | 26 (55.3%) | 5 (13.8 %) | |
| IBD | 2 | 26 | 3 | |
| Drug induced | 1 | - | - | 38 |
| Infective | 4 | - | 1 | |
| Ischemic | - | - | 1 | |
| Colonic Neoplasia | - | 3 (6.3%) | 9 (25%) | |
| Colonic cancer | - | 1 | 3 | 12 |
| Colonic polyp | - | 1 | 5 | |
| Post polypectomy | - | 1 | 1 | |
| Anorectal lesion | 9(52.9%) | 12 (25.5%) | - | |
| Solitary rectal ulcer | - | 4 | - | 21 |
| Pile | - | 8 | - | |
| Rectal polyp | 9 | - | - | |
| Small intestinal source | 1(5.8%) | 4(8.5%) | - | |
| Typhoid ulcer | - | 2 | - | |
| T.B ileitis | - | 1 | - | 5 |
| Telengectasia | - | 1 | - | |
| Meckls diverticulum | 1 | - | - | |
| Colonic Dieulafoy lesion | - | 1(2.1%) | - | 1 |

In a study done by peura DA, etal on patients with lower gastrointestinal bleeding showed that less hemodynamic instability than those with upper gastrointestinal bleeding and show less frequent orthostasis (19% versus 35%), need less frequent blood transfusions (36% versus 64%), and present with higher hemoglobin levels^(6,7). This is also seen in our patients were only 12% of them showed hemodynamic instability and 38% had received blood.

Another study done by Strate et al on 252 patients with acute lower gastrointestinal bleeding found predictive factors which increase the likelihood of a severe course or recurrence of bleeding: heart rate >100/min; systolic blood pressure <115 mmHg; history of acetylsalicylic acid use and more than two active comorbid

conditions⁽⁵⁾. This is also seen in some of our patients, 3 of them died because of aspirin use and associated comorbidities.

The frequency of the source of colonic bleeding reported varies from one publication to the next. Epidemiologic and historical features should be considered. For example, in patients with lower GI bleeding over the age of 65, colonic angiodysplasia, diverticular hemorrhage, or ischemic colitis, are most common, while in young patients, infectious or inflammatory conditions are more likely^(9, 10). This is comparable to our findings which showed that diverticular and angiodysplasia bleeding was more common in patients over the age of 50 year (33.3%, 27.7% respectively). While colitis was the most common cause in those below 50 years (55.3%).