

We have found that the most common cause of lower GI bleeding in our patients was inflammatory bowel disease (32%), this is higher than what reported in the literature (16%), which can be attributed to young age of most of our patients⁽⁹⁾. However, the frequency of the colonic diverticulae and angiodysplasia as a cause of lower GI bleeding, in our study, was (12%) and (11%) respectively, this finding is less than those reported in the literature (17-40%) for diverticular bleeding and up to (30%) for angiodysplasia bleeding⁽⁴²⁾, which can be attributed to relatively small number of our patients were above the age of 50 years.

A striking finding in our study was that anorectal lesions were responsible for (21%) of causes of lower GI bleeding which is much more than reported in other series (4-11%), this can be explained by that our hospital is a tertiary referral center which receive large number of pediatric patients in whom rectal polyps are the most common cause of lower GI bleeding.

Other less frequent causes of lower GI bleeding were reported with lower frequencies in our study for example colonic neoplasia (including postpolypectomy bleeding) account for 12% of cases of haematochezia, hemorrhoids are reported to account for 8% of acute lower GI bleeding episodes, small intestinal source of bleeding is encountered in 5% of cases. These findings are comparable to those found in other series which reported incidence of 11-14%, 4-10% and 2-9% for bleeding from colon neoplasia, hemorrhoids and small intestinal source of bleeding respectively^(9,25,29,36,37).

Prognosis in lower GI bleeding varies; however, since most acute lower GI bleeding is self-limited, outcomes are typically favorable. Spontaneous cessation of acute lower gastrointestinal bleeding is seen in about 79% of our patients, and it is similar to other studies which reported spontaneous cessation rate of 80 %⁽⁴³⁾.

Indeed, the mortality rate associated with lower GI bleeding is generally considered to be less than

5% and when it occurs, is often a result of comorbid conditions and the need for emergency surgery is in the range of 5%⁽²⁾. which is also reported in our study 3% and 4% for mortality and emergency surgery respectively.

In conclusion, there are numerous lesions that may be responsible for lower GI bleeding. Our study showed that inflammatory bowel disease; colorectal polyps including post polypectomy bleeding, diverticulosis, angiodysplasia, and hemorrhoids were the most common causes of lower gastrointestinal bleeding. Colonoscopy allows for diagnosis in most patients with lower gastrointestinal bleeding. Lower intestinal bleeding generally has a less severe clinical presentation and course and typically favorable outcomes.

References

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