



CODEN [USA]: IAJPB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2579286>Available online at: <http://www.iajps.com>

Research Article

**THE FREQUENCY OF INCIDENTAL RECTAL CANCER IN  
ELDERLY PATIENTS PRESENTING WITH HAEMORRHOIDS**Dr. Kanwal Shehzadi<sup>1</sup>, Dr. Fahad Anwar<sup>1</sup>, Dr. Muhammad Irfan Majeed<sup>1</sup><sup>1</sup>Health department Punjab, Pakistan.**Abstract:**

**Introduction:** Colorectal cancer is the second commonest cancer arising in the world. Colorectal cancer can present with an array of symptoms and approximately 35–48% of patients diagnosed with colorectal cancer have experienced rectal bleeding.

**Aims and objectives:** The main objective of the study is to analyze the frequency of Incidental Rectal Cancer in Elderly Patients presenting with Haemorrhoids.

**Material and methods:** This study was conducted in hospitals of Punjab during 2018. Incidental Rectal Cancer with minimal BRBPR, was defined as small amounts of red blood after wiping or a few drops of blood in the toilet bowl after defecation. Small amounts of blood on the surface of the stool were also considered minimal BRBPR, but red blood intermixed with stool was not. All patients were interviewed and examined by a gastroenterologist. Accordingly, patients' informed through written consent was obtained from each patient before placing interview according to the strategies of the local institutes.

**Results:** None of the patients were asymptomatic when they sought medical help, and a total of 81 patients (60%) had experienced rectal bleeding during the patient interval. Additional to rectal bleeding, the most commonly reported symptoms, i.e. symptoms reported by 20% or more of the sample, were changes in bowel habits (65%), fatigue (47%), pain (35%), weight loss (21%), and general indisposition (20%). Among the rarely reported symptoms were dizziness (13.2%), lack of appetite/nausea (11.8%) and fever (5.2%). A total of 14 (10%) patients had experienced rectal bleeding without co-occurrence of any of the other five commonly reported symptoms.

**Conclusion:** It is concluded that patients who had experienced rectal bleeding reported longer patient intervals compared to patients who had not experienced rectal bleeding when controlling for the influence of possible confounders and other commonly reported symptoms.

**Corresponding author:**

**Dr. Kanwal Shehzadi,**  
Health department Punjab, Pakistan.

QR code



Please cite this article in press Kanwal Shehzadi et al., *The Frequency Of Incidental Rectal Cancer In Elderly Patients Presenting With Haemorrhoids.*, Indo Am. J. P. Sci, 2019; 06(02).

## INTRODUCTION:

Colorectal cancer is the second commonest cancer arising in the world. Colorectal cancer can present with an array of symptoms and approximately 35–48% of patients diagnosed with colorectal cancer have experienced rectal bleeding. Even though the positive predictive value of rectal bleeding for colorectal cancer is low (<3%), it is regarded as an alarm symptom in persons over the age of 40 years [1]. Meanwhile, the majority of individuals who experience rectal bleeding do not report it to their general practitioner (GP). More surprisingly, studies have shown that colorectal cancer patients, who had experienced rectal bleeding, delayed help-seeking more often than patients who had not experienced rectal bleeding [2].

The possible association between rectal bleeding and patient delay differentiates colorectal cancer from most other cancers where bleeding appears to be associated with a short patient interval. Therefore, it is imperative that the factors contributing to this are examined and understood [3]. It has been assumed that the revealed association between rectal bleeding and long patient intervals is a consequence of patients attributing the rectal bleeding to benign causes such as hemorrhoids. Meanwhile, the results of one study of 93 patients who presented with rectal bleeding to their GP suggested that the relationship between rectal bleeding and the patient interval appeared to be modified by personal experiences [4]. Thus, it was found that those patients who had experienced rectal bleeding before and may have suffered from known benign rectal disorders were *less* likely to delay help-seeking than those who had never experienced rectal bleeding before. The proportion of patients who consider cancer when experiencing rectal bleeding is not known [5]. The results of a British population-based survey have suggested that the response to a possible cancer symptom is determined by a complex interplay between level of cancer awareness and emotional barriers [6]. Thus, approximately 94% of the participants reported that they would contact the doctor in less than 2 weeks if they experienced an unexplained bleeding, but 37% of the same participants reported that worries about what the doctor might find would make them postpone help-seeking [7].

### Aims and objectives

The main objective of the study is to analyze the frequency of Incidental Rectal Cancer in Elderly Patients presenting with Haemorrhoids.

## MATERIAL AND METHODS:

This study was conducted in hospitals of Punjab during 2018. Incidental Rectal Cancer with minimal BRBPR, was defined as small amounts of red blood after wiping or a few drops of blood in the toilet bowl after defecation. Small amounts of blood on the surface of the stool were also considered minimal BRBPR, but red blood intermixed with stool was not. All patients were interviewed and examined by a gastroenterologist. Accordingly, patients' informed through written consent was obtained from each patient before placing interview according to the strategies of the local institutes. After clinical assessment, all patients suffered anal examination and digital rectal review. Endoscopy was performed by an expert endoscopist in patients after the ingestion of 4 to 6 liters of polyethylene glycol solution. Any abnormal lesion was biopsied and sent for histology. IBD was diagnosed based on colonoscopy features and histopathological findings. All those patients who are suffered with poor bowel preparation were scheduled for repeat colonoscopy and the results of a suitable analysis are reported. Colonoscopy was supplemented with double contrast barium enema if the colon was examined to at least the hepatic flexure, but the cecum could not be reached.

### Statistical analysis

The data were sampled and entered into the SPSS worksheet for analysis. The alpha criterion was set at 0.05. After constructing a 2×2 contingency table, chi-square without Yates correction was used to find the association between the potential risk factors and cancer status.

## RESULTS:

None of the patients were asymptomatic when they sought medical help, and a total of 81 patients (60%) had experienced rectal bleeding during the patient interval. Additional to rectal bleeding, the most commonly reported symptoms, i.e. symptoms reported by 20% or more of the sample, were changes in bowel habits (65%), fatigue (47%), pain (35%), weight loss (21%), and general indisposition (20%). Among the rarely reported symptoms were dizziness (13.2%), lack of appetite/nausea (11.8%) and fever (5.2%). A total of 14 (10%) patients had experienced rectal bleeding without co-occurrence of any of the other five commonly reported symptoms. The median patient intervals in days are reported for patients, who reported changes in bowel habits, fatigue, pain, weight loss, and general indisposition either in combination with rectal bleeding or not in combination with this symptom.

**Table 01: Median patient interval (in days) for the five symptoms occurring in  $\geq 20\%$  of the sample**

	Changes in bowel habits	Pain	Weight loss	Fatigue	General indisposition
<b>Median (IQI) patient interval when presented without rectal bleeding</b>	16 (5–31)	14 (3–28)	18 (4–29)	17 (4–29)	10 (0–29)
	N=30 (22.1%)	N=25 (18.4%)	N=17 (12.5%)	N=26 (19.1%)	N=11 (8.1%)
<b>Median (IQI) patient interval when presented together with rectal bleeding</b>	61 (12–112)	31 (13–119)	38 (22–74)	34 (5–96)	31 (0–57)
	N=58 (42.6%)	N=22 (16.2%)	N=12 (8.8%)	N=38 (27.9%)	N=16 (11.8%)

**DISCUSSION:**

Patients with rectal bleeding reported longer patient intervals than patients without rectal bleeding. The difference between the groups was clear with patients who had experienced rectal bleeding reporting a patient interval of 39 days and 15 days in patients who had not experienced rectal bleeding. Thoughts about cancer were not associated with the patient interval and did not act as a moderator on the relationship between rectal bleeding and long patient intervals, that is the association between rectal bleeding and longer patient intervals was not dependent on whether the patients reported to have had thoughts about cancer in the period from first symptom to medical help seeking [5]. However, more patients with rectal bleeding reported to have been wondering if their symptom(s) could be due to cancer during the patient interval than patients without rectal bleeding.

A reasonably high number of participants and the use of a reliable Danish register for identification of patients are among the strengths of this study. The use of a reliable register secured that all incident colon cancer and rectal cancer patients were invited to participate. However, a number of limitations of the present study should also be noted [8]. First, the relatively low participation rate on 42% may have influenced the generalizability of our results.

The association between rectal bleeding and longer patient intervals has also been documented in previous research. The association between rectal bleeding and more thoughts about cancer appears to contradict the

assumption that a long patient interval in patients with rectal bleeding should be caused solely by assigning the symptom to benign causes [9]. The results of the present study may suggest that emotional barriers such as embarrassment about symptoms and fear of diagnostic procedures should be taken into consideration when addressing interventions aimed at promoting timely help-seeking in patients with any possible cancer symptom [10].

**CONCLUSION:**

It is concluded that patients who had experienced rectal bleeding reported longer patient intervals compared to patients who had not experienced rectal bleeding when controlling for the influence of possible confounders and other commonly reported symptoms.

**REFERENCES:**

1. Riss S, Weiser FA, Schwameis K, Riss T, Mittlbock M, et al. (2012) The prevalence of hemorrhoids in adults. *Int J Colorectal Dis* 27: 215–220
2. de Nooijer J, Lechner L, de Vries H (2001) A qualitative study on detecting cancer symptoms and seeking medical help; an application of Andersen's model of total patient delay. *Patient Educ Couns* 42: 145–157.
3. Lund-Nielsen B, Midtgaard J, Rorth M, Gottrup F, Adamsen L (2011) An avalanche of ignoring—a qualitative study of health care avoidance in women with malignant breast cancer wounds. *Cancer Nurs* 34: 277–285

4. Tromp DM, Brouha XD, de LeeuwJR, Hordijk GJ, Winnubst JA (2004) Psychological factors and patient delay in patients with head and neck cancer. *Eur J Cancer* 40: 1509–1516
5. Robb KA, Miles A, Campbell J, Evans P, Wardle J (2006) Can cancer risk information raise awareness without increasing anxiety? A randomized trial. *Prev Med* 43: 187–190
6. Svendsen RP, Stovring H, Hansen BL, Kragstrup J, Sondergaard J, et al. (2010) Prevalence of cancer alarm symptoms: a population-based cross-sectional study. *Scand J Prim Health Care* 28: 132–137
7. Hamilton W, Sharp D (2004) Diagnosis of colorectal cancer in primary care: the evidence base for guidelines. *Fam Pract* 21: 99–106.
8. Harris GJ, Simson JN (1998) Causes of late diagnosis in cases of colorectal cancer seen in a district general hospital over a 2-year period. *Ann R Coll Surg Engl* 80: 246–248.
9. Kemppainen M, Raiha I, Rajala T, Sourander L (1993) Delay in diagnosis of colorectal cancer in elderly patients. *Age Ageing* 22: 260–264
10. Hansen HJ, Morsel-Carlsen L, Bulow S (1997) [Patients' perception of symptoms in colorectal cancer. A cause of delay in diagnosis and treatment]. *Ugeskr Laeger* 159: 1941–1944.