Case Report

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Colonoscopic examination of rectal bleeding in children: A report of two cases

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ABSTRACT

Rectal bleeding in children is a frightening and cause of great concern, and of parental anxiety. In this report, we present the value of colonoscopy to unravel the diagnostic conundrum often associated with rectal bleeding in children.

Key words: Children, colonoscopy, juvenile polyps, rectal bleeding

INTRODUCTION

Rectal bleeding is a relatively uncommon but important occurrence in children.[1] When it occurs it could be a source of great anxiety for both the child and parents. Rectal bleeding in children occurs in 1% of pre-school and school children.[2] Fortunately, most cases in children are due to aetiologies that have little morbidity.[3] A vast majority of rectal bleeding in children is benign.[2]

CASE REPORTS

Case 1

A 9-year-old girl presented with 6 months history of recurrent painless rectal bleeding occurring as streaking of blood mixed with stools. There was no associated haematemesis, abdominal pain, constipation, diarrhoea or instrumentation. There was no similar history in the family. Stool microscopy culture and sensitivity showed only the presence of red blood cells. All other haematologic and biochemical results were within normal limits. Digital rectal examination confirmed the presence of blood in the rectum. Colonoscopy using a flexible paediatric video colonoscope, showed a pedunculated polyp with necrotic surface at the recto-sigmoid area, about 8 cm from the anal verge [Figure 1].

The polyp was snared and sent for histology, which diagnosed juvenile polyps [Figure 2].

The patient has not had any episode of bleeding per rectum since then and she is being followed up in the last eighteen months.

Case 2

A 4-year-old girl presented with 2 months history of painless recurrent passage of blood mixed with stool. There was occasional protrusion of a mass from the rectum while defaecating. She has no history of haematemesis, abdominal pain, constipation, diarrhoea or instrumentation. She has no family history of polyps. Digital rectal examination revealed a mass in the rectum. Stool examination done showed only the presence of red blood cells.

All other haematologic and biochemical results were within normal limits. Colonoscopy revealed a pedunculated polyp with a necrotic surface [Figure 3] and a small sessile polyp in the rectum [Figure 4], about 4 cm from the anal verge. The pedunculated polyp was removed and sent for histological examination, which confirmed juvenile polyp [Figure 5]. She has remained symptom free and has been followed up in the clinic for about 4 months.

DISCUSSION

Colorectal bleeding is one of the numerous causes of bleeding in children.[1] Bleeding from colonic polyps range from spotting to a severe life threatening condition necessitating resuscitation,[1] as was our experience in this report. Colonic polyp may be single or multiple.[2]

Most colorectal polyps are located on the left side of the colon, particularly at the rectosigmoid area, but

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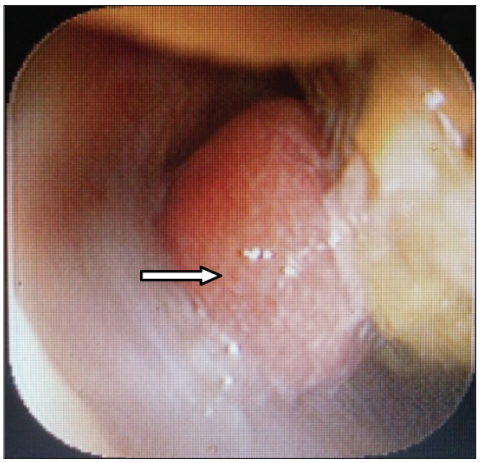


Figure 1: Showing pedunculated colonic polyp (arrowed)

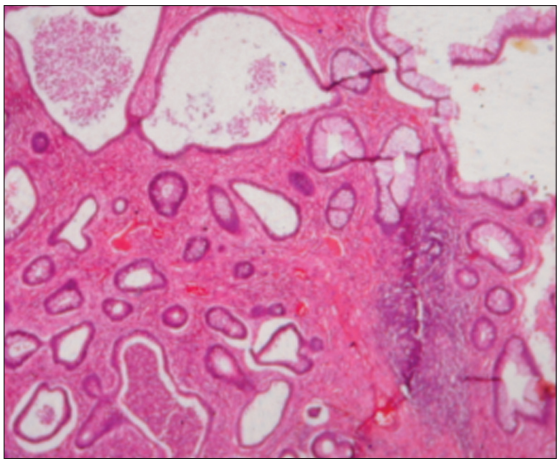


Figure 2: Photomicrograph of Juvenile polyp in a 9 year old girl

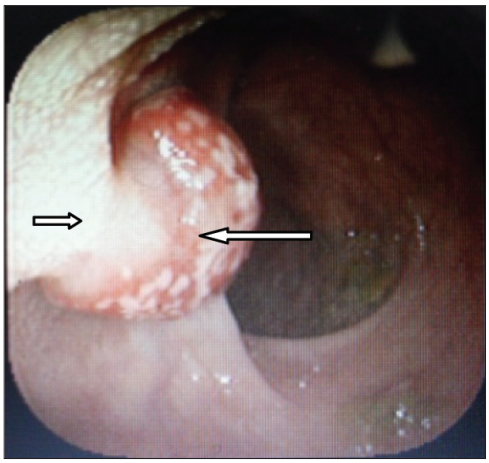


Figure 3: Shows a rectal polyp (long arrow), with its pedicle (short arrow)

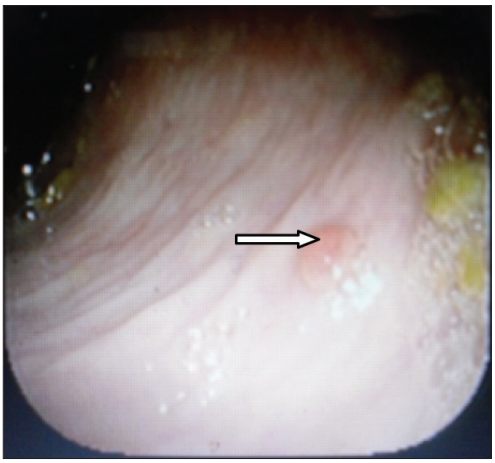


Figure 4: Shows a small polyp (arrowed)

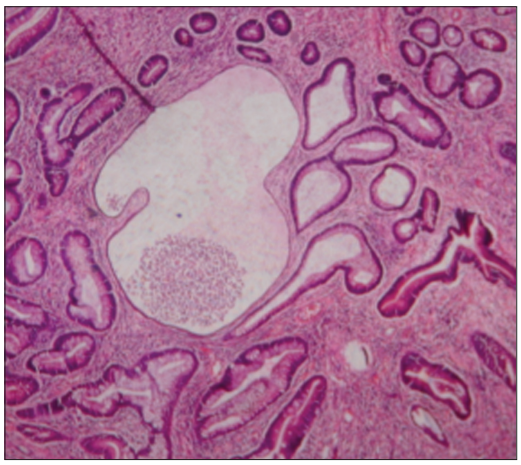


Figure 5: Photomicrograph of Juvenile polyp in a 4 year old girl

can be located anywhere in the colon.[4] Both patients had their polyps located at the right side of the colon. Reassurance of both parent and child is necessary. Endoscopic polypectomy with its low morbidity and mortality has revolutionized the management of polyp and now regarded as the modality of treatment for this condition.[5] For those not amenable to endoscopic removal or found to have malignant potential at histological examination, open or laparoscopic colectomy is required.[6] Colonoscopy has advantage over open colectomy as it allows for direct visualisation without surgical incision, thus less traumatising to the patient. However, colonoscopy may not be readily available and affordable to patients in a poor resource setting. The complications these patients could have with ulcerated polyps include life threatening bleeding, perforation and peritonitis. Following endoscopic snaring of polyps, the patients would require long time follow-up and repeat colonoscopy in future, because of the possibility of reoccurrence and later malignancy potential.[7]

In conclusion, this report further re-emphasizes the value of colonoscopy in the evaluation of children who present with rectal bleeding.

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