

제 목	국 문	복통, 배변습관의 변화 및 직장출혈자에 대한 장파이버스코프의 결장 직장 신생물 발견율		
	영 문	Diagnostic Yield of Colorectal Neoplasia with Colonoscopy for Abdominal pain, change in Bowel Habits and Rectal Bleeding		
저 자 및 소 속	영 문	Neugut AI <sup>1)</sup> , Garbowski GC <sup>1)</sup> , Waye JD <sup>1)</sup> , Forde KA <sup>1)</sup> , Treat Mr <sup>1)</sup> , Tsai JL <sup>1)</sup> , Lee WC(이원철) <sup>2)</sup> 1)Department of Preventive Medicine and Surgery, and School of Public Health, Columbia University, N.Y. 2)Department of Preventive Medicine, Catholic Medical College		
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발표 형식	구 연	발표 시간	15분	
진행 상황	연구완료 ( 0 ), 연구중 ( ) → 완료 예정 시기 :    년    월			
<p>1. 연구 목적</p> <p>There is less agreement among endoscopistis as to the merits of colonoscopy who present with nonbleeding GI symptoms, such as constipation or persistent pain.</p> <p>The purpose of this study was to address the clinical yield of colonoscopy in presenting with persistent nonbleeding GI symptoms, specifically abdominal pain and/or change in bowel habits (diarrhea, constipation, or both). These patients were compared with patients presenting with rectal bleeding.</p> <p>2. 연구 방법</p> <p>Patients who were colonoscoped between April 1986 and November 1989 in three colonoscopy practices in New York City served as the source population for this study</p> <p>To be eligible, patients were required to be between the ages of 35 and 84yr, and to have had a colonoscopy that extended beyond the splenic flexure.</p> <p>Study subjects were colonoscoped for a variety of reasons, including persistent GI symptoms, family history of colon cancer, evaluation of positive BE results, orafter polypectomy or colon resection. The current study analyzed 1,172 patients, including 113 patients (9.6%)with persistent abdominal pain, 154 patients(13.1%) reporting change in bowel habits, and an additional 44 patients (3.8%) reporting both abdominal pain and change in bowel habits. A total of 861(73.5%) patients were colonoscoped.</p>				

### 3. 연구 결과

A total of 1,172 patients were colonoscoped because of rectal bleeding or symptoms over a 42 month period. It is noteworthy that almost three-quarter of the sample (72.2%) were between 55 and 84 yr old. The age distribution appears comparable among the different symptom categories.

We found a total of 366 patients (31.2%) with colorectal neoplasia, including 91 with invasive malignancies and 275 (23.5%) with adenomas. The yield of colon was increased among females with rectal bleeding ( $p < 0.05$ ), but no difference was observed in males. The yield of adenomatous polyps showed no significant by symptom category.

The analysis was done which compares the size, number, and site of adenomas by for colonoscopy for patients with adenomas, as well as the site of cancer by indication for colonoscopy for patients with Colon cancer. The adenomas found in patients with rectal bleeding were generally larger than those occurring in patient with nonbleeding symptoms, but this difference was not statistically significant.

The proportion of patients with multiple adenomas was higher among those with rectal bleeding than among those with nonbleeding symptoms ( $p < 0.05$ ).

The site of the adenomas for both groups of symptoms appeared to be more proximal than distal. Interestingly, those with change in bowel habits as the indication for colonoscopy were more likely to have rectosigmoid adenomas. For colon cancer, the patients with rectal bleeding had more rectosigmoid cancers, whereas the cancers in the other groups were more proximal.

### 4. 고찰

The yield of colonoscopy for rectal bleeding has been investigated in various studies. The results of this study have borne out these earlier findings, with 7.4% and 30.6% of 408 males colonoscoped with rectal bleeding showing colon cancer and adenomatous polyps, respectively. The overall yield for colorectal neoplasia is in the 29-40% range for both males and females with rectal bleeding. Even when those with a prior barium enema are excluded, the yield of colorectal neoplasia for both males and females runs between 20% and 31%. Most interestingly, the yield of colorectal neoplasia for those colonoscoped with nonbleeding GI symptoms (persistent abdominal pain, persistent change in bowel habits, or both) showed similar findings in both males and females. Whereas there was a statistically significant increased yield of colon cancer among females with rectal bleeding than for those with nonbleeding symptoms, the absolute difference was small.

It should be noted that the population source for this research was a selected group of patients, based mainly on the presence of bowel symptoms and on having access to the medical care symptoms and on having access to the medical care system.

All of these patients had colonoscopy. Results cannot, therefore, be generalized to the entire population with abdominal pain or change in bowel habits.