

# Correlation between proctological symptoms and diagnoses found in clinical examination in Morocco: about a series of 285 patients

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## Abstract:

**Background:** The pathologies of the anorectal region are manifested by multiple and varied symptoms. Their diagnosis requires a meticulous and well-conducted proctologic examination. The aim of this work is to seek a correlation between the proctological complaints and the diagnoses found in the proctological clinical examination as well as to study the diagnostic contribution of each stage of the proctological clinical examination.

**Materials and Methods:** This is a descriptive and analytical retrospective study conducted over 3 years. Including patients aged over 16 consulting for a proctological reason and benefiting from a proctological examination with good anal preparation. Data collection was carried out using an operating form from proctological consultation registers and patient files. The descriptive analysis of the study data was made by calculating percentages, means and standard deviations using SPSS software.

**Results:** 285 patients were included in our study. The average age of our patients was 45 years old with extremes of 16 and 82 and a sex ratio of 1.1. The main reason for consultation was rectal bleeding in 50% of cases, followed by anal pain found in 26.3% of patients. The other indications were: anal and peri-anal discharge (10.5%), transit disorder (9.7%) and pruritus (2.4%). This examination was able to highlight: hemorrhoidal pathology in 37.5%, anal fissure in 21.7%, ano-perineal suppuration in 9.1%, tumor pathology in 8%, appearance of inflammatory bowel disease (IBD) in 7.3%, other diagnoses in 4.2% and a normal examination in 12.2%. The diagnosis was made by inspection in 38%, digital rectal examination in 4%, anoscope in 46% and rectoscope in 12%. For additional examinations carried out to confirm or search for other etiologies: colonoscopy was used in 40%, computed tomography (CT) in 8%, rectosigmoidoscopy in 6% and anorectal manometry in 1%, in 43% of cases no other examination was necessary. There was a good correlation between the reason for consultation and the results of the examination: 56.7% of the rectorrhagia presented a haemorrhoidal pathology, 48% of the proctalgia had an anal fissure and 53% of the discharges had an anoperineal suppurative pathology.

**Conclusion:** this study showed a good correlation between symptoms and the diagnoses found during the proctological clinical examination, testifying to the importance of the practice of proctology by any gastroenterologist doctor.

**Keywords:** Proctological examination; Proctalgia; rectal bleeding; Haemorrhoidal disease

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## I. Introduction:

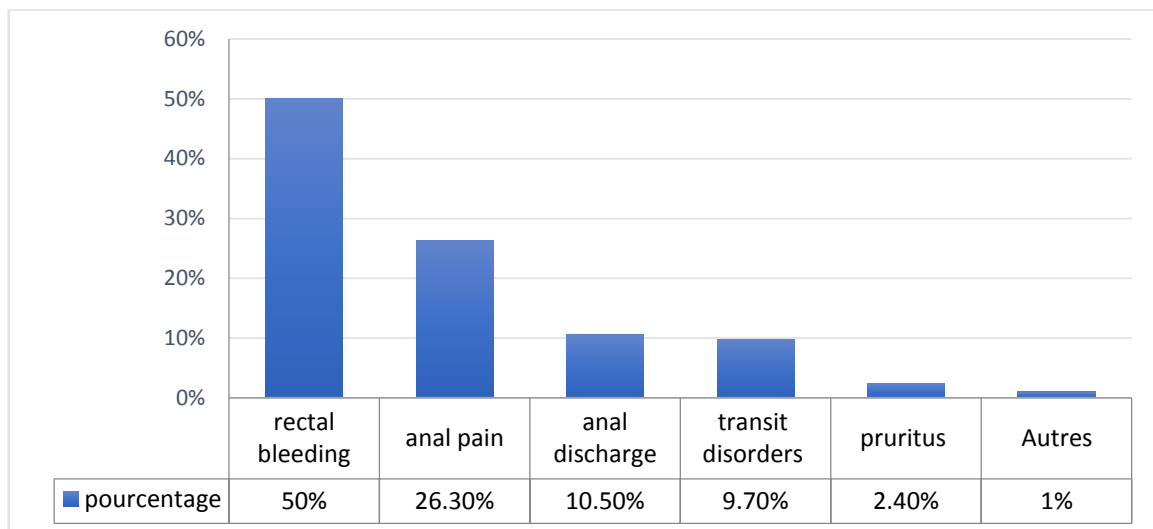
Clinical symptoms in proctology are varied and different, requiring good exploration and mastery of the discipline in order to establish the correct diagnosis. The same applies to pathologies found which may be benign or malignant. [1] Hence the interest in carrying out a complete proctological examination consisting of a well-conducted questioning, inspection of the anal margin, digital rectal examination, anoscopy and rectoscopy. [1] The aim of our work is to study the diagnostic contribution of the proctological examination and to investigate the correlation between the proctological complaints of our patients and the diagnoses found during this examination.

**II. Methods:**

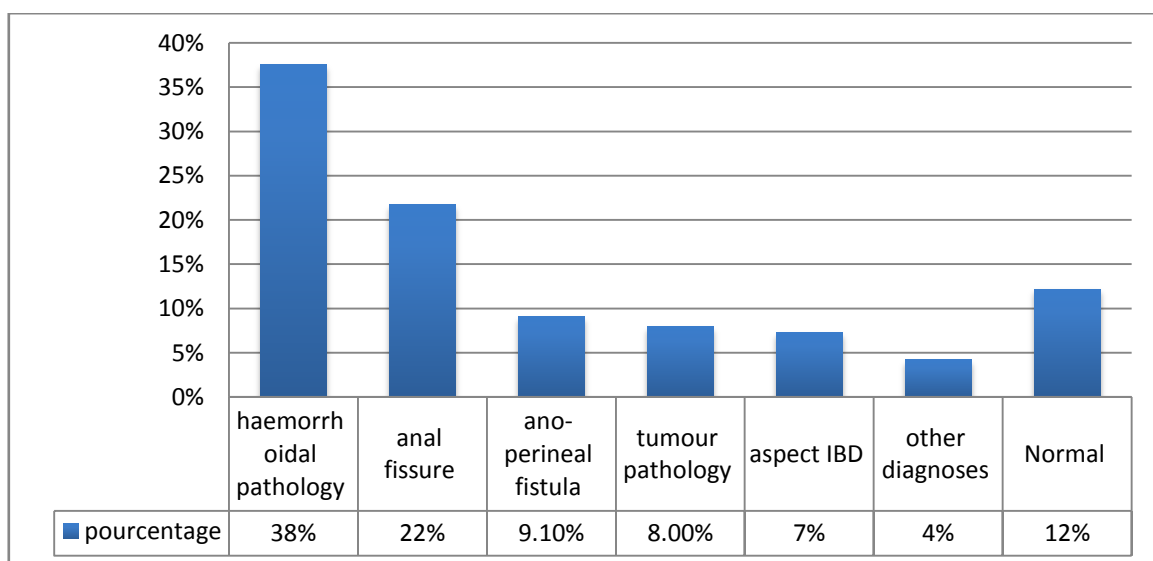
This is a retrospective descriptive and analytical study conducted over 3 years. It included patients aged over 16 years consulting for a proctological reason and benefiting from a proctological examination with a good anal preparation. The data collection was carried out with the help of an exploitation form from the proctological consultation registers and the patients' files. The analytical and descriptive study of the data was carried out using SPSS software. The collection of sociodemographic, clinical and paraclinical data was done taking into consideration the global ethical rules relating to the respect of confidentiality and the protection of patients' data.

**III. Results:**

Two hundred and eighty-five (N285) patients were included in our study. The average age of our patients was 45 years old with extremes of 16 and 82 and a sex ratio of 1.1. The main reason for consultation was rectal pain in 144 patients (50.5%), followed by rectal bleeding in 76 cases (26.3%). Other complaints were: anal and perianal discharge in 30 patients (10.5%), transit disorders in 28 patients (9.7%), pruritus in 7 patients (2.4%). The proctological examination revealed: haemorrhoidal pathology in 107 patients (37.5%), anal fissure in 62 patients (21.7%), ano-perineal fistula in 26 patients (9.1%), tumour pathology in 23 patients (8%), aspect of chronic inflammatory bowel disease (in particular crohn's disease corresponding to the presence of multiple fissures of atypical location or the presence of multiple fistulas in a predisposed terrain) in 21 patients (7.3%), other diagnoses in 12 patients (4.2%) such as condyloma eczema or radial rectitis and the examination was normal in 34 patients (12.2%).



**Figure 1:** diagram showing the distribution of symptoms in patients



**Figure 2:** diagram showing the distribution of diagnoses found in patients

The diagnosis was made by inspection in 38% of cases, by rectal examination in 4%, by anoscope in 46% and by rectoscope in 12%. Additional examinations were carried out in 52 patients (24%), in 34 patients (12.2%) in search of an etiology since the proctological examination was normal, and in 17 patients (5.9%) paraclinical examinations were carried out to confirm or search for a cause associated with the initial diagnosis, in particular a neoplastic pathology. In 76% (216 patients) of the cases no further investigations were required to complete the diagnosis. Among the patients who required additional paraclinical examination, colonoscopy was used in 70% (49 patients), CT in 16% (11 patients), rectosigmoidoscopy in 12% (8 patients) and anorectal manometry in 2% (1 patient). The clinical proctological examination showed that 56.7% (80 patients) of the patients with rectal bleeding had a haemorrhoidal pathology, followed by a normal examination in 14.8% (21 patients) and the presence of an anal fissure in 10.6% (15 patients), while 48% (36 patients) of the patients with anal pain had an anal fissure and 25.3% (19 patients) had a haemorrhoidal pathology and for patients consulting because of discharge there was an ano-perineal fistula in 53% (16 patients), followed by an aspect of chronic inflammatory bowel disease (IBD) in 33.3% (10 patients). Finally, for patients presenting with a transit disorder, a normal examination was found in 35% (10 patients), followed by a tumour aspect in 17.5% (5 patients) and a fissure in another 17.5% (5 patients).

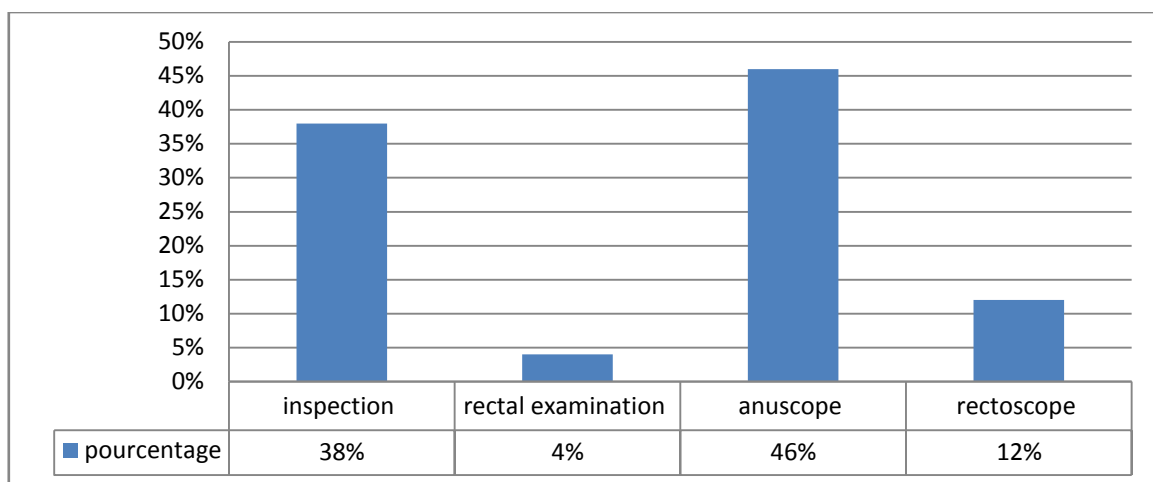


Figure 3: stage of proctologic examination confirming the diagnosis

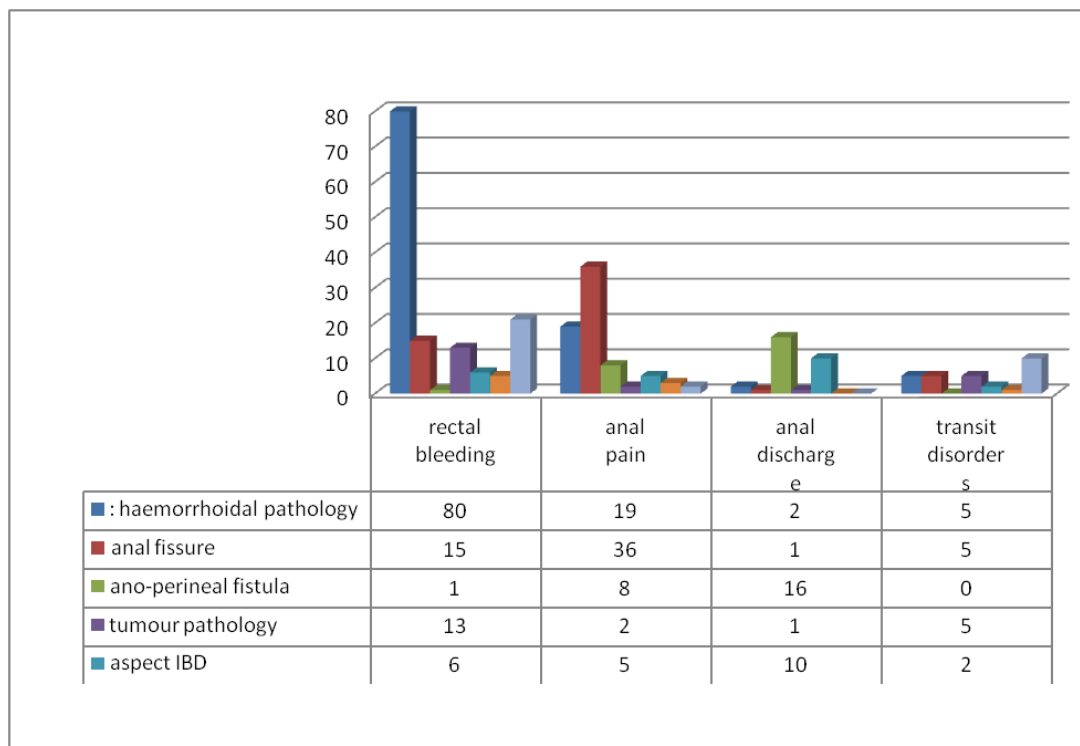


Figure 4: distribution of diagnoses found according to the symptom

#### IV. Discussion:

Proctology is a discipline grouping together all the examinations and techniques for the diagnosis and treatment of rectal and ano-perineal diseases. It is usually performed by the gastroenterologist or visceral surgeon. [1] Proctological complaints are a very frequent reason for consultation in general consultations and among gastroenterologists. However, a large proportion of patients turn first to traditional medicine or practices. [2] The clinical examination in proctology is an essential step in the diagnostic management of patients, and must be carried out in appropriate conditions, respecting the patient's privacy, reassuring him or her and explaining the different steps carried out. [3]

The main reasons for consultation in proctology are anal pain, rectal bleeding, rectal discharge, pruritus, transit disorder and sometimes the presence of masses or tissue palpable by the patient. [4] In our series, rectal bleeding was the most frequent reason, followed by proctalga. This result is compatible with most series dealing with the reasons for consultation in proctology. [5] [6] For the other complaints, there were differences in frequency between the series, which could be explained by the number of patients in the study and the nature of the department and centre where the study was carried out, some centres are more specialised than others. [7]

The cross-analysis of the pathology found according to the patient complaint showed a good correlation between the symptom and the results of the clinical examination with a significant relationship ( $p=0.001$ ). Indeed, haemorrhoids were the first cause of rectal bleeding, while anal fissure was the main diagnosis for patients suffering from anal pain and ano-perineal fistula was the first aetiology in terms of frequency in patients complaining of anal or peri-anal discharge. These results were identical to series investigating the causes of proctological complaints. [2] [3] [8]

The clinical proctological examination is of major interest, in our series it allowed the initial diagnosis in more than 87% of cases. The use of complementary examinations, in particular colonoscopy, as in our study, is mainly done in the context of eliminating another associated pathology, in particular neoplastic pathology, in patients with risk factors. [9]

In our series, inspection and anoscopy were the proctological examination procedures with the greatest diagnostic value, accounting for approximately 84% of the diagnoses made. The digital rectal examination is also an important part of the proctological examination, allowing the detection of tumours of the anal canal and rectum, the assessment of the anal sphincter tone and the aspect of the rectal contents. This explains the interest of performing a complete examination for any reason of proctological consultation. [10]

#### V. Conclusion:

This study showed a good correlation between the proctological symptoms and the diagnoses found in the clinical examination, testifying to the importance of the practice of proctology by all gastroenterologists. It also underlines the major interest of the meticulous proctological examination in the paraclinical orientation and the diagnosis of several pathologies in gastroenterology, hence the utility of having a good training in this discipline.

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