INTRODUCTION
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There has been deep quest in the minds of persons associated with medical sciences to directly visualise pathologies lying inside the body. This has led to the invention of ENDOSCOPES.

By the application of highly developed techniques medical science has achieved considerable results in diagnosing morphological and functional changes in the diseased organs. The physicians however cannot help feeling that each new technical achievement in the field of practical medicine provides an impulse liable to divert the practitioner from classical methods of diagnosis. Some procedures are put to one side and new ones brought in and modifications are made to improve the technique as well as the equipment.

The starting point from which to identify an illness is, even to-day, the method of inspection, palpation, percussion and auscultation. In addition to clinical diagnosis, technical achievement should be employed to complete the basic procedure.

The decade of the 1940's saw a major diagnostic revolution in gastro-enterology with the advent of modern scanning techniques and endoscopes.
The 1980's are seeing the refinement and increasingly widespread use of gastro-intestinal enoscopes for diagnosis as well as treatment. Sigmoidoscope is one of the tools in the armamentarium (Paulson, 1930). The arrival of this instrument has brought revolution in the diagnostic as well as therapeutic procedures of colorectal diseases.

The complaint of passage of blood mixed stools or frank bleeding per rectum have been one of the commonest complaint, which one comes across while dealing with patients in the out door patients department. Majority of these patients turn up at surgical out door patients' department. In some of these patients diagnosis is not a problem and is easily ascertained by simple history and examination and specific treatment can be rendered to such patients.

In some patients with such complaints, diagnosis cannot be settled by mere history and examination using even the proctoscope. The reason being that the pathology is beyond the reach of the surgeon. These patients hitherto were treated empirically by non-specific drugs, the reason being lack of facilities that would visualise the pathology beyond the reach of normal means. Sigmoidoscope has made it easy.
The prime purpose of undertaking sigmoidoscopy is direct visualisation of structures which could not be approached with normal inspection or proctoscopy in order to detect presence or absence of tissue changes by inspection of gross anatomy and if needed biopsy may be taken of the most suggestive area of involvement.

It is an important and routine investigation which can be made with a minimum of discomfort to the patient (Paulson, 1930; Manstrach, 1984).

The aetiology of lower gastro-intestinal bleeding especially those causes which come within the reach of the sigmoidoscope, can be divided into two groups:

a. Anal and rectal lesions.

b. Colonic lesions.

A. ANAL AND RECTAL LESIONS

Small amount of bright red blood on the surface of the stools and toilet tissue is often due to haemorrhoids. Such bleeding is generally precipitated by the strained passage of hard stools. Anal fissure and fistula may present in a similar fashion. Proctitis is another source of rectal bleeding. It is frequently seen in young adults, especially in male homosexuals. In the latter situation, proctitis may be non specific
or due to gonococcal infection. Rectal trauma may also cause haematochezia and the placement of foreign body in the rectal Vault may precipitate perforation as well as acute rectal bleeding.

B. COLONIC LESIONS

It is a well known fact that most of the diseases and lesions of the large bowel involve the left side of the colon. Carcinoma of colon as well as colonic polyps may produce chronic blood loss. Frank bloody diarrhoea is common and may be the presenting symptom in patients with ulcerative colitis. It is less frequent in granulomatous colitis, but the occult blood may be seen in the stools.

Bleeding may also accompany diarrhoea due to infections such as shigellosis, amoebiasis, compylobacteriosis and rarely salmonellosis. In elderly patients ischaemic colitis may be a cause of bloody diarrhoea. This lesion may also be seen in the younger age group associated with the use of oral contraceptives agents. Angiodysplastic lesions usually involving the ascending colon can be a major source of bleeding.

Skilled emergency sigmoidoscopy can identify the source of haemorrhage in ward patients and provide

Sigmoidoscopy is a safe method for diagnosing and even taking biopsies whenever necessary in colorectal problems with bleeding with little trouble to the patient under direct vision. Therefore, the present study is an attempt to evaluate the patients with bleeding per rectum sigmoidoscopically and to select the best possible approach to treat the underlying pathology.