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Conclusions: In our study, drop in serum albumin level and abnormal blood leucocyte count were associated with prolonged hospitalization and mortality. The drop in serum albumin level is not only because of co-morbid conditions, CDAD itself associated with protein-losing enteropathy (2). Such patients may warrant more aggressive management of CDAD along with correction of underlying co-morbid conditions and nutritional requirements.

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Colon Cancer: How Can We Diagnose It?

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Purpose: To compare the clinical profile of colon cancer patients with those of asymptomatic people submitted to colonoscopy starting at the minimal age of 50.

Methods: Between December 2003 and November 2005, 390 consecutive colonoscopies were performed in a prospective study in 152 asymptomatic people over the age 50 Group A and in 238 colon cancer patients with diagnosis done at the time of endoscopy Group B. Biopsies, polypectomies and mucosectomies were carried out as needed. Age, family history FH, symptoms, Body Mass Index BMI, location of tumor and histopathology were analyzed. Student's t and chi-square tests were used. P value <0.05 was considered significant.

Results: Mean age Group A 62 ± 9 years and 61 ± 13 Group B $p > 0.05$. 79 patients (31%) of colon cancer had positive FH for cancer and positive FH was present in 34 patients without cancer (23%) p>0,05.BMI was 26 ± 4 Group A and 27 ± 4 for B p>0.05. 9 patients (5%) from Group A was found to have cancer, being one of then superficial (11%). Adenoma was diagnosed in 45 patients (29%) in this group. Left colon cancer was seen in 6 (66%). On Group B 21 patients (8%) had superficial cancer. On the total of malign lesions diagnosed in this Group, 168 (69%) were on the left colon. Adenoma was found in 61 patients (25%). Synchronous malign lesions were detected in 6 (2%). None of then in Group A. Change of bowel habits with bleeding was more common on the left colon cancer, being 56 (60%) against 13 (31%) on the right $p < 0.01$. Important weigth loss and anemia occurred more frequently on the right when compared to the left 30 (44%)X31 (17%) and 36 (46%)X 15 (8%) $p < 0.01$. In two patients, right colon cancer was associated with Fournier syndrome and in another one, tumor was in the appendix. 157 patients (63%) had symptoms for more than 6 months and acute obstruction was seen in 21 (8%). In one, tumor was associated with massive bleeding from diverticular disease. Moderated-differentiated adenocarcinoma was found in 166 (67%), well-differentiated 63 (25%), mucinous and poorly-differentiated in 18 (7%) of patients.

Conclusions: We need to improve our methods to diagnose colon cancer better.

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Anorectal Manometric Assessment of Stapled Haemorroidectomy

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Purpose: Incidence of fecal incontinence following stapled haemorrhoidectomy (SH) is reported between 0 – 1.5%. Presence of smooth muscle fibres in histopathology specimen following SH is not uncommon. We objectively studied the incidence of post stapled haemorrhoidectomy incontinence by using anorectal manometry (ARM).

Methods: Consenting adults with grade II to grade IV haemorrhoids undergoing SH (PPH, Johnson & Johnson) were enrolled into study. Exclusion criteria were: associated fissure in ano or any other painful anal condition. Any drug having effect on anal sphincter were stopped atleast 5 day before ARM. Following phosphate enema all patients had preoperative ARM and a post operative ARM 6-12 weeks post SH. Resting (RP) and Maximum squeeze pressure (MSP) were studied (Normal range RP: 60 – 100 mmHg and MSP: 120 – 200 mmHg).

Results: Eighty nine adults (60 males; aged 25 – 68 years) were studied. Eighty patients had pre and post SH, RP and MSP within normal range (RP range 71 – 96 mmHg; MSP range 124 – 192 mmHg). Nine patients had high pre SH, RP (range 114 – 160 mmHg) and MSP (range 204 – 216 mmHg) which returned to normal range post SH. There was no incidence of post SH fecal incontinence.

Conclusions: SH is a safe and effective procedure for haemorrhoids with no adverse effect on anorectal pressures and continence.

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Rapidly Rising Prevalence of Microscopic Colitis

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Purpose: To study the changing prevalence of microscopic colitis over the past 16 years.

Methods: A retrospective computerized list of all patients with either lymphocytic colitis or collagenous colitis was obtained from our private community GI practice data base in Orlando, Fl from 1/90- 4/30/06. A breakdown was made of new diagnoses by year.

Results: 92 cases of microscopic colitis were identified, 31 (35%) with collagenous colitis, 54 (57%) with lymphocytic colitis, and 7 (8%) with both lymphocytic and collagenous colitis. 14 had remission, then recrudescent disease, an average of 4 years apart, with a range of 1- 8 years. There was a distinct change in the prevalence of microscopic colitis from 2004 onward. Whereas 1-5 cases were found annually from 1990 - 2003, (a mean of 3.4cases/year), in 2004 there were 15, in 2005 there were 20 patients, and in the first third of 2006 there were 10 patients. Patients were predominently female, comprising 78% of lymphocytic colitis, 90% of collageous colitis and 83% of those that had both lymphocytic and collagenous colitis.

Conclusions: 1. There has been a marked increase in prevalence of microscopic colitis beginning in 2004 with a 200% increase, then a 25% rise in 2005 and a projected 50% rise in 2006. The reasons for this observation are as yet unknown.

2. Lymphocytic colitis is > 3 times as prevalent as collagenous colitis.

3. 15% (N = 14) of patients had remission and then recurrence of symptomatic colitis (8 patients with collagenous and 6 with lymphocytic colitis), an average of 4 years apart.

4. There is a marked female predominance in all forms of microscopic colitis.

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New Paradigms/Patterns in the Presentation, Clinical Features, and Outcomes Associated with Ischemic Colitis

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Purpose: The study aim was to determine whether the presentation, clinical features, and outcomes of patients with ischemic colitis (IC) have changed compared to historical series.

Methods: ICD-9 codes (557.0, 557.1, 557.9) and the endoscopy database of a 580 bed hospital were used to identify all individuals during 1 year with IC. 44 patients with clinical, radiographic, endoscopic, and/or histological findings of IC are reported.