

PROCTITIS

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The patient is usually middle-aged and complains of defecatory frequency with the passage of loose motions, often with blood mixed in the stools. Inflammation is sometimes limited to the rectum; in other cases, it is associated with a similar condition in the colon (proctocolitis). The inflammation can be acute or chronic. Although the patient has a frequent, intense desire to defecate, the amount of faeces passed at any time is small. Acute proctitis is usually accompanied by malaise and pyrexia. On rectal examination, there may be tenderness and blood on the glove. Proctoscopy is seldom sufficient and sigmoidoscopy is the more valuable method of examination. If the diagnosis is confirmed, colonoscopy with multiple biopsies is mandatory to determine the extent of the inflammatory process. Skilled pathological assessment is required to establish and classify the underlying pathology. Stool cultures should be sent routinely to exclude infective causes. If biopsy and histology are unable to establish an underlying inflammatory aetiology, the condition is frequently termed non-specific proctitis but may herald a subsequent diagnosis of inflammatory bowel disease (ulcerative colitis or Crohn's disease). Treatment is usually medical and tailored to the underlying pathology. Non-specific colitis may be self-limiting, but treatment with topical 5-aminosalicylic acid (5-ASA) compounds in the form of suppositories or foam enemas is usually effective. In resistant cases, oral steroids may have to be used.

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