

The Value of colonoscopy in isolated abdominal pain

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Purpose:

Abdominal pain is a widely reported problem representing the 3rd most common referral to endoscopy clinic. Isolated abdominal pain is regarded to correlate poorly with colonic pathology. There is limited data supporting the use of colonoscopy to investigate pain & no data in the Australian setting. We aim to evaluate the yield & complication rate of colonoscopy in abdominal pain.

Methodology:

A single centre retrospective study was performed. All colonoscopies between December 2010 and May 2012 were collected. All patients with isolated abdominal pain +/- NHMRC Cat. 1 & 2 Family histories were included for analysis. Patient demographics, pathological yield & complications were recorded. Statistical analysis was performed with SPSS®. Chi-square tests were used to identify explanatory variables that are related to the yield of colonoscopy. Binary logistic regression was performed on variables having a Pearson chi-square significance level less than 0.15.

Results:

Of 1164 patients, 55 underwent colonoscopy for isolated abdominal pain. Of these, 50.9% had normal colonoscopies. The remainder showed uncomplicated diverticulosis (29%) & polyps (27.2%). No cause for pain (cancer, IBD) was identified in any patient. Age was an important predictor of pathology ($p=0.002$). Those aged 50-64 had 7.5 times the odds of an abnormal result than those <50 ($p=0.005$). Of those patients aged <50 years, 81% had a normal scope. 1 of 55 patients suffered a perforation yielding a complication rate of 1.8% which has not been previously described.

Conclusions:

Colonoscopy has a low yield & a significant morbidity in the investigation of isolated abdominal pain. We suggest that it should not be used as a 1st line investigation in this setting.