



Service Priorities and Programmes
Electronic Presentations

Convention ID: 521

Submitting author: Dr M P YIU

Post title: Associate Consultant, CMC, KWC

A retrospective review of the patient outcome with Fecal Occult Blood Positive result in KWC GOPC

Yiu MP, Lam HL, Lee KY, Ng TK, Ip YY, Kwan CM, Lee WY, Luk W, Chan CW, Yiu YK (1)

KWC Family Medicine and Primary Health Care Department

Keywords:

Fecal Occult Blood
Colonoscopy
Colorectal Cancer
Colonic Polyp

Introduction

Patient presented with bowel symptoms like change of bowel habit or PR bleed are commonly encountered in GOPC. Fecal occult blood investigation (Guaiac based) is commonly arranged as a preliminary work up. A retrospective review was done to review the outcomes of these patients with positive result (FOB +ve) in KWC GOPC.

Objectives

1. To assess the patient characteristics with FOB +ve
2. To review the referral outcomes of these patients
3. To evaluate the colonoscopy results especially incidence of colorectal cancers and colonic polyps
4. To identify any service need to facilitate care of these patient

Methodology

The patient list with FOB+ve ordered in KWC GOPC from July 2017 to Oct 2017 was drawn via CDARS. The patient characteristics, surgical follow up and colonoscopy outcomes were analysed

Result

There were 98 patients (Male:46, Female: 52) fulfilled the criteria. The age ranged from 23 to 96. Among these 98 patients, 64 had 1 FOB +ve result, 22 had 2 FOB +ve, and 12 had 3 FOB +ve. Most patients were called back to follow up in GOPC with 2 weeks. They were referred to surgical Dept and the appointments were available within 3 months for the majority. 65 colonoscopy appointments (public: 55, private: 10) were arranged and 32 among them were completed by the end of Jan 2018. There are 11 appointments in latter half year in 2018 and 3 appointments in 2019. Among these 32 patients with colonoscopy done, there were 9 (Male:7, Female: 2) colorectal cancers detected. (4 CA rectum in which 1 with liver metastasis, 4 CA sigmoid, 1 CA hepatic flexure). The deceased age ranged from 53 to 87. Among these 9 patients, 5 had 3 FOB +ve, 2 had 2 FOB +ve and 1 FOB +ve also. For the colonic polyps, there

were 1 case with high grade dysplasia and 8 cases with low/moderate grade dysplasia. 1 Crohn disease (3 FOB +ve) , 2 diverticulosis and 1 proctitis were detected. 11 cases had normal colonoscopy.

Conclusion: Colorectal cancer is not uncommonly detected in outpatient setting especially for elder male patients with 3 samples of FOB +ve. It is worthwhile to conduct a further review to have a more comprehensive outcome picture. There was still a service need and gap for colonoscopy in future in anticipating the increasing trend of colorectal cancer. Positive stool OB can be served as one of triage criteria for early colonoscopy.