

How I deal with a positive faecal occult blood test

JEREMY RYAN MB BS, FRACP

A positive faecal occult blood test is an important finding that may point to serious gastrointestinal disease. Here, Dr Jeremy Ryan outlines his approach to managing a patient with a positive test result.

Remember

- By definition, the faecal occult blood test measures occult (invisible) bleeding.
- A positive faecal occult blood test obtained using a newer test strip means there is detectable human haemoglobin in the stool. Unless the subject of the test is a cannibal, the result indicates gastrointestinal bleeding from anywhere in the gastrointestinal tract, from the mouth to the anus. Lower colon or rectal bleeding may present as obvious bleeding, rather than occult bleeding.
- A positive faecal occult blood test should be taken seriously; colon cancer classically presents in this way. This is especially true of lesions on the right side of the bowel, which often do not produce a change in bowel habit until late.
- Benign upper gastrointestinal disease, such as ulcer disease, usually causes symptoms; cancer of the stomach may not be symptomatic until late.
- Low dose aspirin (either occasional or regular use) is insufficient to cause a positive faecal occult blood test in patients without intestinal pathology.
- Some people will continue to have truly occult gastrointestinal blood loss in spite of negative investigations. The first priority is to exclude – as far as possible – treatable disease, whether benign or malignant.

Assessment

- Consider why a faecal occult blood test was done. If the test was performed because the patient has a family history of colon cancer, further investigation with colonoscopy is



Figure. A large colonic cancer.

- clearly mandatory. If colonoscopy is negative, gastroscopy is indicated. In practice, both colonoscopy and gastroscopy are usually done together to minimise patient inconvenience and maximise clinical information.
- Faecal occult blood testing is usually done on an 'ad hoc' basis as part of general health screening. Colonoscopy and gastroscopy are required when a faecal occult blood test result is positive in general screening.
 - In all cases, the history and clinical examination (including a digital rectal examination) form an important part of the evaluation.

Management

- Endoscopic evaluation of the upper and lower gastrointestinal tract will be warranted in almost every adult patient who has a positive faecal occult blood test.
- It has often been remarked that a chief concern of gastroenterologists is 'which end to endoscope first'. In the situation of a positive faecal occult blood test, both gastroscopy and colonoscopy need to be done; even significant upper gastrointestinal lesions (such as ulcers) do not eliminate the colon as a source of blood loss. If neither gastroscopy or colonoscopy yields a positive result, evaluation of the small intestine with contrast radiology and/or enteroscopy may contribute to the diagnosis (in about one-third of patients).
- Rare benign causes such as colonic angiodysplasia may be recognised at colonoscopy. Specialised nuclear medicine blood loss estimation may help to reveal a site of active bleeding if the cause is still obscure after all preceding tests. **MT**

Dr Ryan is a specialist gastroenterologist in private practice in Brighton, and at St Vincent's and the Alfred Hospitals, Melbourne, Vic.