Diagnostic Value of Rectal Retroflexion in Lower Gastrointestinal Endoscopy

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Objectives

Rectal retroflexion is a technique used during colonoscopy to better visualize the anorectal junction which is a blind spot that may not be seen on antegrade view. However, its utility remains to be a matter of controversy especially in detecting malignancy. The aim of this study is to assess whether significant lesions are missed when rectal retroflexion is not done.

Materials and Methods

This is a prospective cohort study. Consecutive patients for lower gastrointestinal endoscopy from October 2019 to February 2020 were included.

Results

There were 269 eligible patients. Retroflexion was successfully performed in 188 patients including 92 females (49%) and 96 males (51%), with a mean age of 59 ±13 years. Of the 188 patients, 21 (11%) had distinct lesions detected in the distal rectum wherein 18 were polyps, 2 were erosions/ulcers and 1 was a fistulous opening. Of the 18 polyps identified, 11 were visible only during retroflexion. One adenomatous polyp was identified on the retroflexed view while the rest were hyperplastic. Performance of rectal retroflexion significantly increased the yield of detecting polyps compared with forward view alone however the adenoma detection rate did not increase in our study.

Conclusion

Performing a retroflex maneuver as part of lower GI endoscopy would increase the diagnostic yield of rectal polyps. Although rectal retroflexion does not increase adenoma detection, its safety and possibility of detecting lesions undetectable by straight view justifies its use.