

The 2.6 percent false positive rate on barium enemas in this study is low. Other studies report 3.5 to 14.3 percent.<sup>4,5</sup> In a study by Ott *et al.*,<sup>4</sup> 71 percent of the false positives on barium enema were right-sided lesions thereby necessitating unnecessary colonoscopy. In this study's 11 false positive barium enema patients, 63 percent had right-sided lesions.

Proximal colonic screening has a role in patients with anorectal disease with at least one of the criteria for proximal colonic pathology (Table 1). In patients with anorectal disease who are unable to give a history or tolerate flexible sigmoidoscopy, evaluation of the proximal colon also is indicated by air contrast barium enema and/or colonoscopy. Finally, persistent bleeding after treatment of anorectal problems is an indication for examination of the proximal colon.

### Summary

Four hundred twenty-eight patients who had only anorectal complaints and pathology had a screening barium enema to rule out proximal colonic pathology. One patient had carcinoma of the hepatic flexure which was unsuspected.

The records of 402 known colon and rectal cancer patients who had rigid and flexible sigmoidoscopy, barium enema with air contrast study, and/or colonoscopy were reviewed retrospectively. In only one patient

was a colon cancer confused with benign anorectal disease when symptoms, signs, and findings on examination revealed only anorectal symptoms and signs.

A prospective study is in progress.

### Conclusions

The value of a barium enema with air contrast study in detecting asymptomatic lesions of the colon in patients presenting with benign anorectal complaints and a negative rigid and flexible sigmoidoscopy to at least 45 cm is questioned. If a good history and satisfactory endoscopic examination to 45 cm cannot be obtained, barium enema or colonoscopy should be considered.

### References

1. Winawer SJ, Leidner SD, Boyle C, Kurtz R. Comparison of flexible sigmoidoscopy with other diagnostic techniques in the diagnosis of rectocolon neoplasia. *Dig Dis Sci* 1979;24:277-81.
2. Bohlman TW, Katon RM, Lipshutz GR, McCool MF, Smith FW, Melnyk CS. Fiberoptic pansigmoidoscopy: an evaluation and comparison with rigid sigmoidoscopy. *Gastroenterology* 1977;72:644-9.
3. Winnan G, Berci G, Panish J, Talbot TM, Overholt BF, McCallum RW. Superiority of the flexible to the rigid sigmoidoscope in routine proctosigmoidoscopy. *N Engl J Med* 1980;302:1011-2.
4. Ott DJ, Ablin DS, Gelfand DW, Meschan I. Predictive value of a diagnosis of colonic polyp on the double-contrast barium enema. *Gastrointest Radiol* 1983;8:75-80.
5. Hallman JR, Howland WJ, Wolf BH. Retrospective review of the sensitivity of barium enema examination in a community hospital setting. *Ohio State Med J* 1986;82:126-30.

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### Erratum

Due to a publishing error, L. H. Sobin's poem, which appeared in the February issue of *Diseases of the Colon & Rectum* (Dis Col Rectum 1987; 30:159) was incorrectly identified. The correct title of the poem is "Tales of the Ampulla of Vater: VIII."