INTRODUCTION

Colonoscopy is an important diagnostic and therapeutic procedure. Adequate bowel preparation is mandatory. Several regimens were discussed in the literature. Among the drugs which has recently used, polyethylene glycol is one of the most popular agents. Objectives - The aim of this study was to compare efficacy of three different methods for 1 day preparation before colonoscopy. Methods - This study included children with the range of ages (2-21) who had an indication of colonoscopy. Exclusion criteria were based on the history of previous surgery, parental disagreement, and patients who did not use preparation protocol. Three methods for bowel preparation were studied: 1- Polyethylene glycol only; 2- Polyethylene glycol and bisacodyl suppositories; 3- Polyethylene glycol plus normal saline enema. Boston Bowel Preparation Score was used for evaluation of preparation. SPSS version 16.0 (Chicago, IL, USA) were used for data analysis. Results - In this study 83 cases completed the bowel preparation completely. Acceptable bowel preparation was seen in 24 (85.71%), 36 (94.73%), and 14 (82.35%) of cases in PEG, PEG + bisacodyl, and PEG + normal saline enema groups respectively. PEG + bisacodyl suppositories was more effective than PEG + normal saline for the preparation of the first segment (P=0.05). For second and third segment of colon, BPPS score was higher in PEG + bisacodyl suppositories compared to other regimens, but this difference was not statistically significant. Conclusion - There was no significant difference between 1 day colonoscopy regimens in terms of bowel preparation score. Lowest score was seen in PEG + enema group compared to other group.

METHODS

In this study every children aged 2-21 years who have indication for colonoscopy were included. Ages of 21 were included in our study according to Terry et al. study(9). Sample size estimation was done according to previous literatures which were similar to the age of the case and methodology. Terry et al. included 30 cases in two groups and Sorser et al. included 32 cases for two groups(8, 9). In our study 87 cases were included. Patients were randomly placed in three groups regardless their age and sex. Exclusion criteria were based on the history of previous abdominal surgery, parental disagreement, patients who did not use prescribed drugs, history of prior colonoscopy, and history of laxative or stimulant medication before colonoscopy. Three methods for preparation were included: 1- Polyethylene glycol only; 2- Polyethylene...
glycol and bisacodyl suppositories; 3- Polyethylene glycol and normal saline enema.

Polyethylene glycol powder was available in our country as 70 gram per package. For children weighed 245 kg, four packages were solved in 2 liter of mineral water. For children weighted <45 kg, two packages were solved in 1 lit of mineral water. Our dosage was similar to Walia et al. study with minimal difference. Three bisacodyl suppositories were used for group 2 starting from 8 am of the day prior to colonoscopy for q8h. Normal saline enema (volume 500 cc) was done two times starting from the day prior to colonoscopy at 12 hr interval. Liquid diet were prescribed the day before colonoscopy. Validated Bowel Preparation scale (BBPS) was used for evaluation of bowel preparation. BBPS score was zero in four cases. Of these cases two were from PEG group and two from PEG+N/S group. BBPS was nine in 8, 22, and 5 cases of PEG, PEG+ bisacodyl, and PEG+N/S groups respectively.

For first segment bowel preparation, BBPS (Mean±SE) was higher in PEG + bisacodyl group (2.68±0.10) compared PEG (2.46±0.15) and PEG + normal saline enema (2.11±0.24) groups (P=0.04) (Table 2 and Figure 1).

Mean ± SE of BBPS score was higher for PEG+ bisacodyl (2.55±0.11) group compared to PEG (2.28±0.17) and PEG + normal saline enema (2.23±0.25) for second segment of colon, but was not statistically significant (P=0.313) (Table 2 and Figure 2).

For the third segment of colon, mean ± SE was higher in PEG + bisacodyl group (2.31±0.14) compared to PEG (1.89±0.22) and PEG + normal saline enema group (1.94±0.24), but these difference was not statistically significant (Table 2 and Figure 3).

**RESULTS**

Failure to follow preparation protocol was seen in 10, 2, and 5 cases in NS, PEG+ bisacodyl, and PEG groups respectively. In this study, 83 cases that completed regimens exactly were analyzed. Mean ±SE of age of the cases was 9.28±0.56 (Min: 1.5, Max: 21). Demographic features of groups were shown in Table 1. No significant difference was found between three groups in terms of mean age (P=0.650).

<table>
<thead>
<tr>
<th>TABLE 1. Demographic features of groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEG (n=28)</td>
</tr>
<tr>
<td>Mean age (Mean ± SE)</td>
</tr>
<tr>
<td>Sex</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 2. Boston Bowel Preparation Score among three groups of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEG (n=28)</td>
</tr>
<tr>
<td>First segment (Mean ± SE)</td>
</tr>
<tr>
<td>Second segment (Mean ± SE)</td>
</tr>
<tr>
<td>Third segment (Mean ± SE)</td>
</tr>
<tr>
<td>Total (Mean ± SE)</td>
</tr>
</tbody>
</table>
DISCUSSION AND CONCLUSION

There was no significant difference between PEG, PEG + bisacodyl, and PEG with normal saline enema in terms of score of bowel preparation. In the study by Terry et al., they showed clear superiority of PEG versus senna\(^9\). In another study from South Korea, there was no difference between PEG only regimen versus PEG + bisacodyl in terms of quality of bowel preparation before colonoscopy\(^2\).

In our study, PEG + bisacodyl regimen had the highest score compared to PEG only preparation, but this difference was not statistically significant. In the study by Phatak et al., they recommended PEG + oral bisacodyl as a safe and effective method\(^7\). Our study had lower sample size and bisacodyl suppositories were used instead of oral bisacodyl.

The mean total of BPPS in Abbas et al.\(^1\) study was 6.16 which was slightly lower than our study (mean=6.64). This difference may be due to that we included cases who consumed all of preparation liquid. Some cases in Abbas et al. study didn’t use all of the liquid\(^1\).

Of 28 cases who had bowel preparation with PEG, 8 (28.57%) cases had maximum score. In the study by Abbas et al., one case had maximum score\(^1\). The least score was 3 in the study by Abbas et al.\(^1\). But in our study the minimum score was zero in two cases.

Acceptable bowel preparation was defined BPPS≥5 in Abbas et al. study\(^1\). In their study, 77% of cases had BPPS≥5\(^1\). In our study 24 (85.71%) of cases, had acceptable bowel preparation among subjects receiving only PEG. Acceptable bowel preparation in PEG + bisacodyl and PEG + normal saline enema groups was seen in 36 (94.73%) and 14 (82.35%) of cases respectively which had slightly difference with PEG group. In the study by Sorser et al., of 18 cases who underwent one-day bowel preparation, 100% efficacy with PEG was noted\(^8\). Criteria for evaluation of bowel preparation were similar between Abbas et al.\(^1\) study and our study.

Poor bowel preparation was noted in one case in Abbas et al. study\(^1\). In our study poor bowel preparation was seen in three cases in PEG group. In PEG + bisacodyl group, four cases showed poor bowel preparation. In PEG + N/S group, no subjects showed poor bowel preparation.

As mentioned above, PEG + normal saline enema had no significant superiority against PEG only preparation. PEG + bisacodyl group had higher BPPS compared with other groups. Although it was not statistically significant, but in practice it may be more appropriate than PEG + normal saline enema.

In Abbas et al. study, 93.5% of cases were able to complete the regimen\(^1\). In our study, of 100 cases, 83 cases were followed preparation protocol accurately. Most of these patients took other drugs (in addition to our recommendation) or changing their protocol by other health care personnel.

Limitation

The main limitation of this study was sample size and it was due to uncooperative child or parents. Another
limitation is we didn’t evaluate cases about constipation. Patient with constipation may respond poorly to bowel preparation.

ACKNOWLEDGMENT

This paper was issued from fellowship thesis of Dr. Hazhir Javaherizadeh and supported by research affairs of Shiraz University of Medical Sciences. The authors would like to thank personnel at Center for Development of Clinical Research of Nemazee Teaching Hospital.

Authors’ contributions

Dehghani SM: main idea and data collection; Javaherizadeh H: writing proposal, data collection and manuscript writing; Haghighat M: supervision and manuscript revision; Imanieh MH: literature search and data collection; Ghanbari S: design of the study and data analysis.

REFERENCES