

Electives Report: Endoscopy Unit, Internal Medicine, The Sir Seewoosagar Ramgoolam National (SSRN) hospital, Mauritius

By Aisha Barlas

Bowel cancer is the commonest form of cancer in males in Mauritius and its prevalence is increasing. It is also increasingly affecting women as it has become the third commonest cancer to occur in females. However, compared to the U.K Mauritius still has a much lower prevalence of bowel cancer¹. This is in part due to the many factors which influence the risk of bowel cancer mainly a western diet low in fibre which may be contributing to the increasing rates in Mauritius as western food is becoming more popular. Other risk factors for bowel cancer are most importantly age as the rates increase in over 60 year olds. Also gender, family history of HNPCC/FAP and colonic adenomas. Modifiable risk factors include diet low in fibre and vitamins such as folate and a high meat and fat consumption. Also alcohol, smoking, poor physical activity, obesity, NSAID's, OCP and HRT can increase the rates of cancer of the colon.

The investigation of choice for the diagnosis of colonic carcinoma is colonoscopy which is now the gold standard in Mauritius since the endoscopy unit was set up in the SSRN hospital in 2007. The indications for colonoscopy are similar to those set out in the NICE guidelines for UK clinical practice which include: Rectal bleeding, recent change in bowel habit, unexplained weight loss, low haemoglobin unaccounted for, strong family history of HNPCC or FAP and aged over 60. However, in UK due to the recent introduction of screening with home kits for faecal occult blood a positive test would also result in further investigating with colonoscopy.

In terms of promotion of health with regards to bowel cancer, there is no campaign in Mauritius at present. However as informed by the consultant in charge of the endoscopy unit at SSRN, a campaign to increase public awareness of bowel cancer is in the pipeline. A draft pamphlet has already been drawn up which will include advice to prevent increasing the risk of bowel cancer by promoting healthy eating, exercise and reducing alcohol intake. It will also include a section about symptoms that the public should be aware of such as change in bowel habit to help the early detection of bowel cancer.

Personal reflection: The endoscopy unit at the SSRN hospital was initially set with the help of Dr.Sulleman Moreea, consultant gastroenterologist from Bradford Hospitals trust in 2007. I was initially surprised to learn that this was the only endoscopy unit in the country and that it had been running since only 2007. However, on further education about the involvement of the prime minister of Mauritius and Dr.Moreea and how this led to

¹ <http://info.cancerresearchuk.org/cancerstats/types/bowel/incidence/>.

endoscopy workshops being set up subsequently leading to a smoothly running endoscopy unit I was able to appreciate the usefulness and the advancements of medical technology in Mauritius. For example, one such case I observed was that of a 65 year old gentleman who presented with an incidental finding of low haemoglobin and some vague abdominal discomfort. He was referred for endoscopy and colonoscopy to investigate a possible cause. Endoscopy was grossly normal but on colonoscopy though a difficult case due to poor bowel preparation a friable, polypoid mass was visualised in the ascending colon above the ileocaecal valve. On reflection of this case, I am able to understand the essential use of medical technology such as colonoscopy that I may have taken for granted in the UK and I can appreciate the difference it has made to the early detection of bowel cancer in Mauritius.