

| Condition | Differentiating signs/symptoms | Differentiating tests |
|---------------------------------------|--|--|
| Irritable bowel syndrome (IBS) | <ul style="list-style-type: none"> A clinical diagnosis is based on the Rome III Criteria that specify at least 3 months' duration, with onset at least 6 months previously, of recurrent abdominal pain or discomfort associated with 2 or more of: improvement in abdominal pain with defecation, change in frequency of stool, change in form (appearance) of stool. | <ul style="list-style-type: none"> There is no specific diagnostic test for IBS. Patients who fulfil the clinical criteria for IBS and have no alarm features have a very low probability of organic disease. Colonoscopy or colonic imaging is recommended for patients older than 50 years of age due to higher pre-test probability of colorectal cancer. |
| Ulcerative colitis | <ul style="list-style-type: none"> Average age of onset of inflammatory bowel disease (20 to 40 years) is younger than with colorectal cancer. Patients with inflammatory bowel disease frequently have watery diarrhoea. However, patients with colitis are at higher risk of colorectal cancer and may need reassessment if symptoms are atypical or do not respond to treatment. | <ul style="list-style-type: none"> Colonoscopy will show rectal involvement, continuous uniform involvement, loss of vascular marking, diffuse erythema, mucosal granularity, normal terminal ileum (or mild 'backwash' ileitis in pancolitis). |
| Crohn's disease | <ul style="list-style-type: none"> Average age of onset of inflammatory bowel disease (20 to 40 years) is younger than with colorectal cancer. Patients with inflammatory bowel disease frequently have watery diarrhoea. Patients with colitis are at higher risk of colorectal cancer and may need reassessment if symptoms are atypical or do not respond to treatment. | <ul style="list-style-type: none"> Colonoscopy with intubation of the ileum is the definitive test to diagnose Crohn's disease and will show mucosal inflammation and discrete deep superficial ulcers located transversely and longitudinally, creating a cobblestone appearance. The lesions are discontinuous, with intermittent areas of normal-appearing bowel (skip lesions). |
| Haemorrhoids | <ul style="list-style-type: none"> Causes bright red rectal bleeding that is separate from the stool. There is no abdominal discomfort or pain, altered bowel habits, or weight | <ul style="list-style-type: none"> Colonoscopy or colonic imaging is recommended in patients with abdominal symptoms in addition to rectal bleeding and in those older than |

| | | |
|-----------------------------|--|---|
| | loss. | 50 years of age. |
| Anal fissure | <ul style="list-style-type: none">• Severe pain on defecation. Blood is usually on wiping. There is no abdominal discomfort or pain, altered bowel habits, or weight loss. | <ul style="list-style-type: none">• Colonoscopy or colonic imaging is recommended in patients with abdominal symptoms in addition to rectal bleeding and in those older than 50 years of age. |
| Diverticular disease | <ul style="list-style-type: none">• Diverticular stricture or inflammatory mass may be clinically indistinguishable from colorectal cancer. | <ul style="list-style-type: none">• Colonoscopy with biopsies and CT imaging will usually differentiate. |
