

STUDY OF CASES OF MANAGEMENT OF ACUTE PAINFUL NON-INFECTIVE ANAL DISORDERS

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Abstract

Objective: To study the clinico-epidemiology and identify the etiology of acute painful non infective anal disorders and to study the management of such disorders. **Methods:** This prospective study was conducted on 50 patients admitted and treated in our institute, for Acute Anal Fissure, grade 3 and 4 internal hemorrhoids, and acute external hemorrhoids. Patients not fitting in criteria of 'Acute Painful Non infective disorder' and pregnant females were excluded from study. **Results:** Among 50 sample size, Internal hemorrhoids being the most common disorder, presented in 31 (62%) patients. Most common age group was 31-40 years (30%) and had gender wise Male predominance (74%). Pain and bleeding PR was seen in all the patients (100%). Constipation as a most common predisposing factor (90%) in such disorders. All patients underwent examination under anaesthesia. Out of 31 patients of Internal Haemorrhoids, 27 patients (87.1%) underwent Milligan Morgan haemorrhoidectomy, and 4 (12.9%) patients underwent Ferguson haemorrhoidectomy. 3 patients of External Haemorrhoids underwent External Haemorrhoid Thrombectomy, while all patients of acute anal fissure underwent Lords Dilation, among them 6 patients (23.07%), underwent lateral internal sphincterotomy. **Conclusion:** Acute painful non-infective disorders were seen most commonly in 31-40-year Age group. Males comprised more than half of the patient population. The most common disease was internal hemorrhoids. Constipation was found to be the most predisposing factor. Pain and bleeding PR were the most common presenting complaints. Examination under anesthesia and definitive operative intervention was done in all patients with satisfactory results.

Keywords: Acute painful non-infective disorders, Bleeding PR, Examination under anaesthesia

Introduction

Anal disorders include a diverse group of pathological conditions which generate significant morbidity. Acute painful anal disorders present as a common health problem in the surgical department. The prevalence in the general population is much higher since most of the patients do not seek medical care. These conditions include infective disorders like anal abscesses and anal fistulas as well as non-infective disorders like haemorrhoids, anal fissures, proctalgia fugax, anal malignancy and foreign body in the anal canal. Out of these, haemorrhoids and anal fissure account for around 81% of the complaints centering around this

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part of the human anatomy¹. Hence, it is important to take a proper history and conduct appropriate examination and investigations for their proper management. Since the anal canal is abundantly supplied with many sensory nerves, these lesions produce pain of varying intensity. On the other hand, the sensory nerve supply of the rectum is poor and disease confined to this region may have progressed considerably before causing much discomfort². In the majority of patients, a local lesion is present which may be obvious to the surgeon. On the other hand, the lesion may be easily overlooked.

Material and Methods

This prospective study was conducted at tertiary care hospital, SVP Hospital Ahmedabad with sample size of 50 from September 2017 to September 2019

Patient for the study were selected from amongst admitted and treated for Acute Anal Fissure, grade 3 and 4 internal hemorrhoids, and external hemorrhoids. Patients not fitting in criteria of Acute Painful Non infective disorder (chronic fissure-in-ano, anorectal abscess, fistula-in-ano, long standing internal haemorrhoids of grade 1 and 2, prolapse, Anorectal carcinoma, Perianal warts, Condyloma lata, pilonidal sinus) and pregnant females were excluded from study. Informed consent taken from all patients.

Clinical examination including per rectal examination and proctoscopy (when possible) done in all patient.

Surgery

Examination under anaesthesia was done in all patients before any definitive operative procedure to examine better the anal canal and rule out any additional/suspicious lesions. Operative intervention in form of open miligan morgan haemorrhoidectomy and some patients underwent ferguson closed haemorrhoidectomy for internal haemorrhoids, external haemorrhoid thrombectomy for external haemorrhoids. All patients of acute anal fissure treated with Lord's dilation and some of them were also treated with lateral internal sphincterectomy.

Results

This study comprised of 50 patients. All the patients were clinically diagnosed with following disease.

Table 1: Diseases and patient distribution

Diagnosis	No. Of patients	Specific type	No. Of patient
Internal Haemorrhoids	31	Grade 3	12
		Grade 4	19
External Haemorrhoids	3	-	-
Acute Anal Fissure	26	-	-
NOTE: 10 patients had both acute anal fissure and internal haemorrhoids grade 3 or 4 were included in both diagnosis			

Twenty six (52%) patients presented with acute anal fissure, 31 patients (62%) with grade 3 (12 Pt.) or 4 (19 Pt.) internal hemorrhoids and 3 patients (6%) with external Haemorrhoids. Ten patients had presented with anal fissure along with grade 3 or 4 internal hemorrhoids.

Table 2: Age distribution

Age in years	Patient distribution
21-30 years	12 (24%)
31-40 years	15 (30%)
41-50 years	13 (26%)
51-60 years	8 (16%)
61-70 years	2 (4%)

The most common age-group of patients in our study was 31-40 years age (30%).

Table 3: Sex distribution

Sex	No. Of patients
Male	37 (74%)
Female	13 (26%)

Male presented more commonly, with most patients 37 (74%) being male patients.

Table 4: Symptoms at the time of presentation

Symptoms	Pain	Bleeding pr	Discharge	Itching	Something coming out of anus
No. of patients	50	50	12	9	39

In our study, most common symptom was pain and bleeding PR. All 50 patients (100%) complained of pain and bleeding per rectum at the time of presentation. Soiling of undergarments due to discharge was present in 12 (24%) patients. Itching in the perianal region and something coming out of anus was complained by 9 (18%) patients and 39 (78%) patients respectively.

Table 5: Bowel habits

Routine		Altered bowel habits		
Normal	Constipation	Recent diarrhoeal	Recent worsened constipation	Unaltered
5 (10%)	45 (90%)	4 (8%)	34 (68%)	12 (24%)

90% patients in the study had complaint of routine constipation, while only 10% patients were satisfied with their bowel habits routinely. 34 patients (68%) had complaint of a recent bout of worsening or severe constipation leading up to their symptoms, while 8% gave history of recent diarrhoea.

Management

Examination under anaesthesia was done in all patients before any definitive operative procedure to examine better the anal canal and rule out any additional/suspicious lesions

Internal Haemorrhoids

Out of 31 patients, 27 patients (87.1%) underwent Milligan Morgan (open) haemorrhoidectomy, and 4 patients (12.9%) underwent Ferguson (closed) haemorrhoidectomy

External Haemorrhoids

All 3 patients underwent External Hemorrhoid Thrombectomy under saddle block anesthesia

Acute Anal Fissure

All patients underwent examination under anaesthesia, followed by Lords Dilation. 6 patients (23.07%) were also treated with lateral internal sphincterotomy.

Discussion

Out of 50 patients, 26 (52%) patients presented with acute anal fissure, 31 patients (62%) with grade 3 or 4 internal hemorrhoids and 3 patients (6%) with external Haemorrhoids. 10 patients had presented with anal fissure along with grade 3 or 4 internal hemorrhoids. In a study conducted by *Rajkumar Jain et al*³ on common anorectal diseases in Bikaner in Western Rajasthan (100 cases), the most common disease was found to be internal hemorrhoids (52%).

The most common age-group of patients in our study was 31-40 years age (30%). In the study conducted by *Rajkumar Jain et al*³, the most common age group affected was 31-40 years (32%).

Males presented more commonly, with most patients 37 (74%) being male patients. In the study conducted by *Rajkumar Jain et al*³, males were more likely to attend the hospital for their symptoms than females, with males comprising 76% of the study group, and females comprising 24% of the patients.

Most common symptom was Pain and bleeding PR. All 50 patients (100%) complained of pain and bleeding PR at the time of presentation. According to *Janicke D, Pundt M*⁴, most patients with perianal disease present with bleeding, pain or itching.

Constipation was found to be the most consistent predisposing factor (90%) in such disorders. In the study by *Rakesh Sharma et al*⁵, constipation was present in 120 out of 200 cases (60%).

Out of 31 patients, 27 patients (87.1%) underwent Milligan Morgan (open) haemorrhoidectomy, and 4 patients (12.9%) underwent Ferguson (closed) haemorrhoidectomy. *Loder PB, Kamm M*⁶ claimed surgery as the best treatment for haemorrhoids and as the most definitive treatment for most perianal disorders with minimum recurrence.

All 3 patients underwent External Hemorrhoid Thrombectomy under saddle block anesthesia. In a retrospective analysis of outpatient excision of external haemorrhoids under local anesthesia by *Jongen J et al*⁷, can be safely performed with a low recurrence and complication rate while offering a high level of patient of acceptance and satisfaction

All patients underwent examination under anaesthesia, followed by Lords Dilation. 6 patients (23.07%) were also treated with lateral internal sphincterotomy. A study done by *Argov S*,

Levandovsky O has demonstrated that lateral internal sphincterotomy is the only treatment that consistently heals and relieves the symptoms of chronic anal fissure in 98% patients.⁸

Conclusion

In the present study, acute painful non-infective disorders were seen most commonly in the young and middle-aged persons (21-50 years). Males comprised more than half of the patient population. The most common disease affecting the population was internal hemorrhoids followed by acute anal fissures. Constipation was found to be the most consistent predisposing factor in such disorders. Painful defecation and bleeding PR at the time of defecation were the most common presenting complaints of the patients. Examination under anaesthesia was done in all patients before any definitive operative procedure to examine better the anal canal and rule out any additional/suspicious lesions. Operative intervention was done in all patients with satisfactory results.

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