

**ORIGINAL RESEARCH****Assessment of cases of haemorrhoids**

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**ABSTRACT**

**Background:** Anal cushions lining the anal canal experience aberrant engorgement of the arteriovenous plexus in hemorrhoids. The present study was conducted to assess cases of hemorrhoids. **Materials & Methods:** 75 patients with hemorrhoids of both genders were recruited. Types and degrees of haemorrhoids, risk factors, clinical manifestations, grades, associated co-morbidities, methods used for diagnosis, management practices, and outcome of management was noted. **Results:** Out of 75 patients, males were 40 and females were 35. Symptoms were bleeding through rectum in 35, soiling of clothes in 51, pruritus in 28, mass through rectum in 13 and pain during defecation in 8 patients. Type of haemorrhoid was internal in 56, external in 12 and both in 7 cases. Type of internal haemorrhoid was vascular in 47 and mucosal in 9 cases. Degree of hemorrhoid was first degree in 8, second degree in 26, third degree in 30 and fourth degree in 11 cases. Conservative procedures used were warm sitz bath in 15, manual anal dilatation in 6 and soap water enema in 4 cases. Surgical procedures done were closed haemorrhoidectomy in 30, open haemorrhoidectomy in 12, LASER haemorrhoidectomy in 10 and electro cautery in 3 cases. The difference was significant ( $P < 0.05$ ). **Conclusion:** Maximum cases were of internal hemorrhoids. Most of cases underwent closed haemorrhoidectomy.

**Keywords:** arteriovenous plexus, hemorrhoids, pruritus

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**INTRODUCTION**

Anal cushions lining the anal canal experience aberrant engorgement of the arteriovenous plexus in hemorrhoids. According to the sliding anal canal lining idea, blood vessel descent results from the anal cushions' supportive tissues deteriorating.<sup>1,2</sup> Despite being a frequent issue in clinical practice, the real incidence of this condition is unknown because seeking treatment can be embarrassing for those who are affected. It is estimated that approximately one-third of people suffer with hemorrhoids.<sup>3</sup> Hemorrhoids are cushion sinusoids that are believed to be a component of the continence mechanism and help close the anal canal completely while the body is at rest. The primary cushions are located in the anal canal & left lateral, right anterior, and right postero-lateral regions. There might be additional cushions. Prolapse may be accompanied with pre-sinusoidal arteriole thrombosis and bleeding.<sup>4</sup>

Over half of all men and women over 50 are susceptible to hemorrhoids at some point in their lives.<sup>5,6</sup> This condition's clinical appearance is vague and can mimic several anorectal disorders. Therefore,

in order to confirm the diagnosis, the surgeon must rely on a comprehensive history and clinical examination.<sup>7,8</sup> Modifications in lifestyle and nutrition can mitigate the risk of hemorrhoids by interfering with their etiology. Enhancing curative procedures would require an understanding of the settings' current treatment practices.<sup>9</sup> The present study was conducted to assess cases of hemorrhoids.

**MATERIALS & METHODS**

The present study was conducted on 75 patients with hemorrhoids of both genders. All were informed regarding the study and their written consent was obtained.

Data such as name, age, gender etc. was recorded. Parameters such as types and degrees of haemorrhoids, risk factors, clinical manifestations, grades, associated co-morbidities, methods used for diagnosis, management practices, and outcome of management was noted. Data thus obtained were subjected to statistical analysis. P value  $< 0.05$  was considered significant.

**RESULTS****Table I Distribution of patients**

Total- 75		
Gender	Male	Female
Number	40	35

Table I shows that out of 75 patients, males were 40 and females were 35.

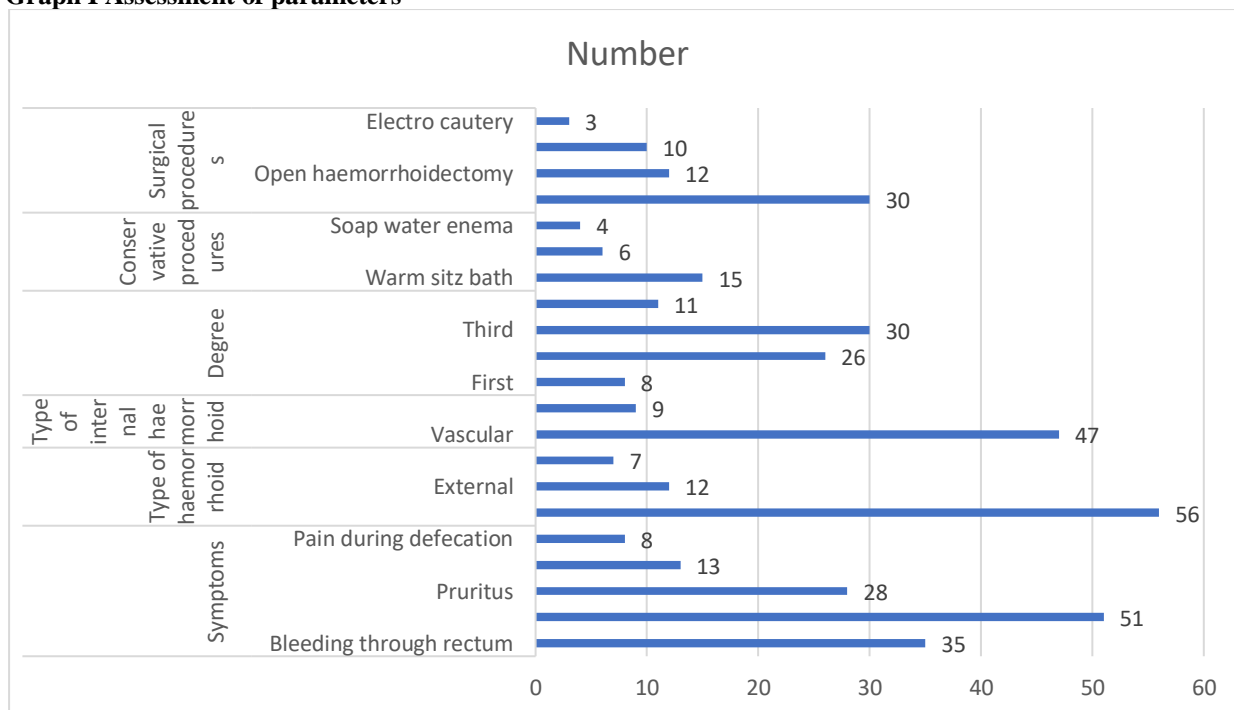
**Table II Assessment of parameters**

Parameters	Variables	Number	P value
Symptoms	Bleeding through rectum	35	0.05
	Soiling of clothes	51	
	Pruritus	28	
	Mass through rectum	13	
	Pain during defecation	8	
Type of haemorrhoid	Internal	56	0.03
	External	12	
	Both	7	
Type of internal haemorrhoid	Vascular	47	0.01
	Mucosal	9	
Degree	First	8	0.83
	Second	26	
	Third	30	
	Fourth	11	
Conservative procedures	Warm sitz bath	15	0.05
	Manual anal dilatation	6	
	Soap water enema	4	
Surgical procedures	Closed haemorrhoidectomy	30	0.02
	Open haemorrhoidectomy	12	
	LASER haemorrhoidectomy	10	
	Electro cautery	3	

Table II shows that symptoms were bleeding through rectum in 35, soiling of clothes in 51, pruritus in 28, mass through rectum in 13 and pain during defecation in 8 patients. Type of haemorrhoid was internal in 56, external in 12 and both in 7 cases. Type of internal haemorrhoid was vascular in 47 and mucosal in 9 cases. Degree of hemorrhoids was first degree in 8, second degree in 26, third degree in 30 and fourth

degree in 11 cases. Conservative procedures used was warm sitz bath in 15, manual anal dilatation in 6 and soap water enema in 4 cases. Surgical procedures done was closed haemorrhoidectomy in 30, open haemorrhoidectomy in 12, LASER haemorrhoidectomy in 10 and electro cautery in 3 cases. The difference was significant ( $P < 0.05$ ).

**Graph I Assessment of parameters**



## DISCUSSION

Hemorrhoids, often called piles, are lumps or masses of tissue that are located in a person's anal canal. They are made of elastic and muscular fibers, with surrounding supporting tissues and enlarged, projecting blood vessels. A characteristic that distinguishes the disorder is anal cushion prolapse, which can result in pain and bleeding.<sup>10,11</sup> This is a condition that many adults suffer from. The present study was conducted to assess cases of hemorrhoids.

We found that out of 75 patients, males were 40 and females were 35. Symptoms were bleeding through rectum in 35, soiling of clothes in 51, pruritus in 28, mass through rectum in 13 and pain during defecation in 8 patients. Joseph et al<sup>12</sup> found that out of the 220 cases, 196 (89.1%) were males, 87.3% were unskilled workers and 123 (55.9%) were from urban areas. Among the cases, 96.5% were non-vegetarians, 150 (68.2%) gave history of frequent lifting of heavy weights, 69 (31.4%) had positive history of prolonged standing and 68 (30.9%) had history of constipation. Majority of cases had internal haemorrhoids 177 (80.5%) and were of third degree 92 (41.8%) variety. As many as 99 (45%) presented with haemorrhoids in 3 o' clock position. The most common presentation was rectal bleeding 175 (79.5%) followed by anal pain 55 (25%). Rectal bleeding was present among most cases (80.8%) with internal haemorrhoids while majority of cases (28.2%) with external haemorrhoids complained of anal pain. Proctoscopy was the most common investigative procedure performed in 75% cases. Among conservative procedures, majority of cases 79 (35.9%) received warm sitz bath. Ferguson haemorrhoidectomy (closed haemorrhoidectomy) was the most common surgical procedure done in 83.8% cases. The outcome of management was recovery in 214 (97.3%) cases and recurrence reported in 6 (2.7%) cases.

We found that type of haemorrhoid was internal in 56, external in 12 and both in 7 cases. Type of internal haemorrhoid was vascular in 47 and mucosal in 9 cases. Degree of hemorrhoids was first degree in 8, second degree in 26, third degree in 30 and fourth degree in 11 cases. Conservative procedures used was warm sitz bath in 15, manual anal dilatation in 6 and soap water enema in 4 cases. Surgical procedures done was closed haemorrhoidectomy in 30, open haemorrhoidectomy in 12, LASER haemorrhoidectomy in 10 and electro cautery in 3 cases. Montes et al<sup>13</sup> investigated the efficacy of oral calcium dobesilate therapy in treating acute attacks of internal hemorrhoids. Twenty-nine well-documented adult patients with first- or second-degree internal hemorrhoids were treated with calcium dobesilate for two weeks, while 16 patients received only a high-fiber diet to serve as control. Both symptoms and anoscopic inflammation were scored on a scale from 0 to 2 before (T0) and two weeks after treatment (T2). A success rate of 86.21 percent with cessation of bleeding plus lack of severe anitisanoscopically at two

weeks were achieved with calcium dobesilate. The pretreatment symptom score of 2 fell significantly to 0.45 +/- 0.13, and the pretreatment anitis score of 1.69 +/- 0.09 fell to 0.55 +/- 0.12 at T2 (P = 0.0001 for both comparisons). The symptom and anoscopic inflammation scores obtained with calcium dobesilate treatment were also significantly better than those with diet only (P = 0.0017 and P = 0.0013, respectively).

Qureshi et al<sup>14</sup> in their study all patients with 2nd and 3rd degree haemorrhoids were included. Data related to the age, gender etc, were recorded. Patients were counselled regarding prospects of success of the procedure. Short- and long-term outcome data were recorded for success of treatment. A total of 450 patients underwent rubber band ligation. There were 337 males (74.88%) and 113 females (25.11%) with male to female ratio of 3:1. Age of the patients ranged from 20–80 years. Male with 2nd degree haemorrhoids were 297 (66%) and females were 203 (22.88%). Successful results were achieved in 86.22%.

The shortcoming of the study is small sample size.

## CONCLUSION

Authors found that maximum cases were of internal hemorrhoids. Most of cases underwent closed haemorrhoidectomy.

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