

Original Research

Assessment of cases of hemorrhoids in adults- A clinical study

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ABSTRACT:

Background: Hemorrhoids, also called piles are masses or clumps of tissues which consist of muscle and elastic fibers with enlarged, bulging blood vessels and surrounding supporting tissues present in the anal canal of an individual. The present study was conducted to assess the cases of hemorrhoids in adults. **Materials & Methods:** The present study was conducted on 87 patients of hemorrhoids of both genders. Dietary habits, bowel habits, amount of physical activity, smoking and alcohol history were noted. Bowel movement frequency was assessed by finding how many movement a patient has in a day or per week. **Results:** Out of 87 patients, males were 53 and females were 34. Age group 20-40 years had 29 males and 18 females, 40-60 years had 16 males and 11 females and >60 years had 8 males and 5 females. The difference was significant ($P < 0.05$). Common symptoms were bleeding through rectum in 72, mass through rectum in 45, soiling of clothes in 65, pain in defecation in 81 and pruritis in 37. The difference was significant ($P < 0.05$). 45 patients were on vegetarian diet while 42 were on mixed diet. The difference was non-significant ($P > 0.05$). 15 were doing exercise while 72 do not. The difference was significant ($P < 0.05$). **Conclusion:** Young age group was more prone to develop hemorrhoids. Common symptoms were bleeding through rectum, mass through rectum, soiling of clothes, pain in defecation and pruritis.

Key words: Defecation, Hemorrhoids, Rectum

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INTRODUCTION

Hemorrhoids, also called piles are masses or clumps of tissues which consist of muscle and elastic fibers with enlarged, bulging blood vessels and surrounding supporting tissues present in the anal canal of an individual. It is a condition characterized by the prolapsed of an anal cushion that may result in bleeding and pain.¹ This condition is a common ailment among the adults. More than the men and women aged 50 years will experience hemorrhoid symptoms at least once during their lifetime. However, there have been incidences where children and the elderly have also been diagnosed with this condition. Hemorrhoid disease is said to be the fourth leading outpatient gastrointestinal diagnosis, accounting for 3.3 million ambulatory care visits in the United States.⁶ Although so common, only around 4% seek medical help.²

Hemorrhoids are common. The exact prevalence is unknown because most patients are asymptomatic and do

not seek care from a physician. A study of patients undergoing routine colorectal cancer screening found a 39% prevalence of hemorrhoids, with 55% of those patients reporting no symptoms. Hemorrhoids are more prevalent in persons 45 to 65 years of age.³

Symptomatic internal hemorrhoids often present with painless bright red bleeding, prolapse, soiling, bothersome grape-like tissue prolapse, itching, or a combination of symptoms. The bleeding typically occurs with streaks of blood on stool and rarely causes anemia.⁴ External hemorrhoids may present similarly to internal hemorrhoids, with the exception that they can become painful, especially when thrombosed. Patients younger than 40 years with suspected hemorrhoidal bleeding do not require endoscopic evaluation if they do not have red flags (e.g., weight loss, abdominal pain, fever, signs of anemia), do not have a personal or family history of colorectal cancer or inflammatory bowel disease, and respond to medical

management.⁵ The present study was conducted to assess the cases of hemorrhoids in adults.

MATERIALS & METHODS

The present study was conducted in the Department of General Surgery, Govt. Medical College Datia, M.P. , India. It comprised of 87 patients of hemorrhoids of both genders. All were informed regarding the study and written consent was obtained. Ethical clearance was taken from institute ethical committee.

General information such as name, age, gender etc. was recorded. A thorough clinical examination was performed

in all patients. Dietary habits, bowel habits, amount of physical activity, smoking and alcohol history were noted. Bowel movement frequency was assessed by finding how many movement a patient has in a day or per week. Further, the percent of time the person had to strain during the bowel movement, had a feeling of incomplete bowel evacuation, or had hard or lumpy stools was also enquired and noted. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

RESULTS

Graph I Distribution of patients

Total- 87		
Gender	Males	Females
Number	53	34

Table I, graph I shows that out of 87 patients, males were 53 and females were 34.

Graph I Distribution of patients

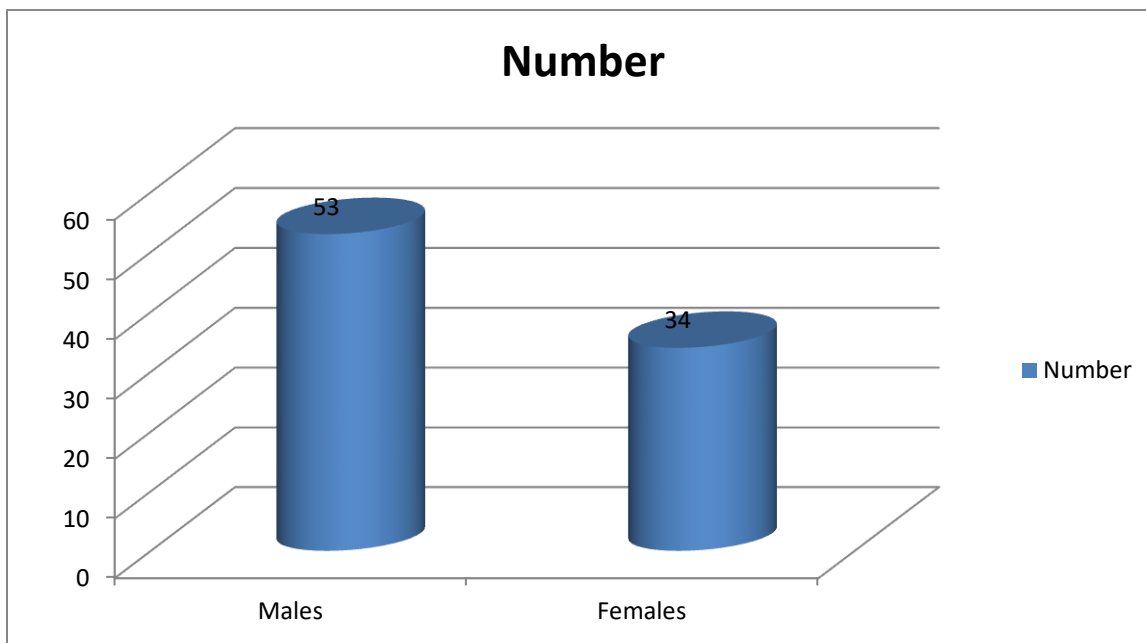


Table II Age wise distribution of cases

Ag group (Years)	Males	Females	P value
20-40	29	18	0.01
40-60	16	11	0.2
>60	8	5	0.05

Table II, graph II shows that age group 20-40 years had 29 males and 18 females, 40-60 years had 16 males and 11 females and >60 years had 8 males and 5 females. The difference was significant (P < 0.05).

Graph II Age wise distribution of cases

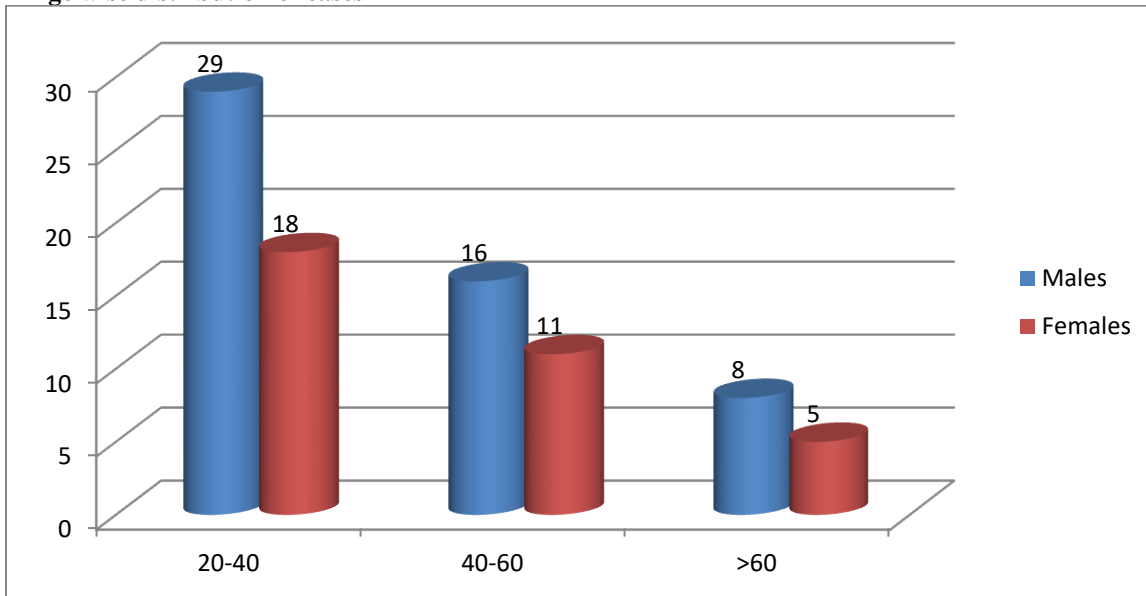


Table III Clinical features of patients

Clinical features	Number	P value
Bleeding through rectum	72	0.05
Mass through rectum	45	
Soiling of clothes	65	
Pain in defecation	81	
Pruritis	37	

Table III, graph III shows that common symptoms were bleeding through rectum in 72, mass through rectum in 45, soiling of clothes in 65, pain in defecation in 81 and pruritis in 37. The difference was significant ($P < 0.05$).

Graph III Clinical features of patients

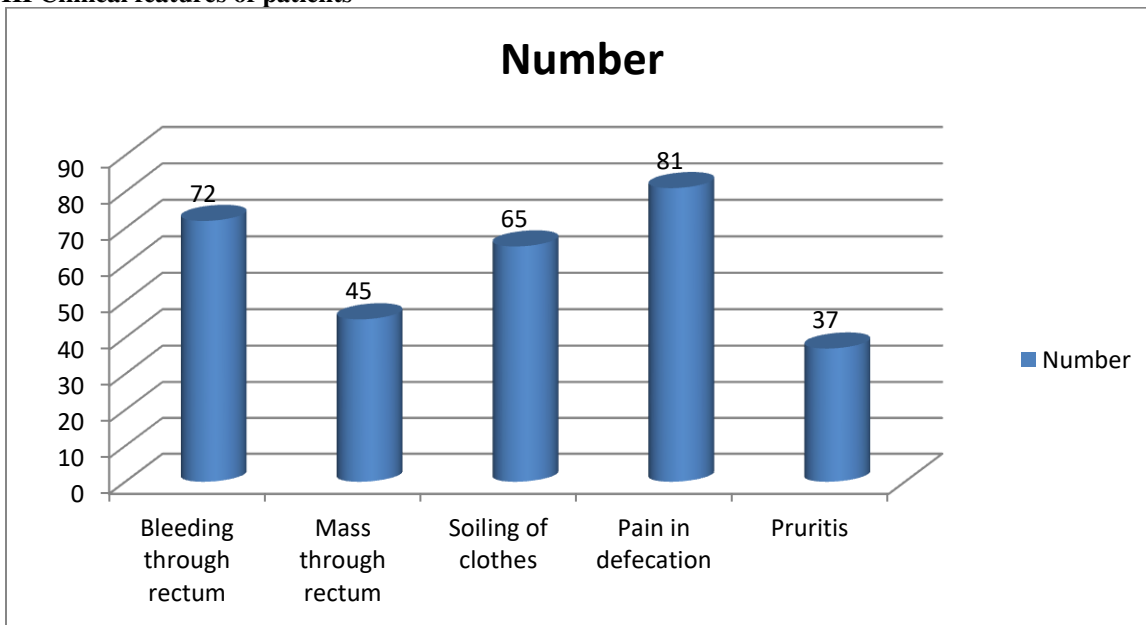


Table IV Other parameters

Parameters		Number	P value
Diet	Vegetarian	45	0.78
	Mixed vegetarian	42	
Exercise	Yes	15	0.05
	No	72	

Table IV shows that 45 patients were on vegetarian diet while 42 were on mixed diet. The difference was non- significant ($P > 0.05$). 15 were doing exercise while 72 do not. The difference was significant ($P < 0.05$).

DISCUSSION

Hemorrhoids or piles are one of the most common disorders seen among the young adults. It is estimated that more than 50% of the males and females would suffer from piles before they are of 50 years of age.⁶ Internal hemorrhoids involve the veins inside your rectum. You can't feel pain on the inside of your rectum, so you may not feel pain from an internal hemorrhoid. You may get bleeding or you may feel fullness in the rectum, like you need to have a bowel movement.⁷ Prolapsed hemorrhoids are internal hemorrhoids that have stretched down until they bulge outside your anus. When you have a prolapsed hemorrhoid, you may feel a pinching sensation or you may just feel a painless lump when you wipe after a bowel movement. Prolapsed hemorrhoids can sometimes be itchy or painful.⁸ The present study was conducted to assess the cases of hemorrhoids in adults.

In this study, out of 87 patients, males were 53 and females were 34. Age group 20-40 years had 29 males and 18 females, 40-60 years had 16 males and 11 females and >60 years had 8 males and 5 females. Ali et al⁹ found that sixty three patients between the ages 20 and 80 who had come to the outpatient ward with hemorrhoids were included into the study. Out of the 63 patients under study, 66.67% were males and 33.33% were females, with the most common age group affected was below 40 years of age. Less than 40% of the patients were vegetarians, with more than half of the patients having a mixed diet. More number of women history of hemorrhoids in their family (47.6%), while the history in the males was only 26.2%. Straining and constipation was seen in majority of the patients while many of them also had chronic cough. Bleeding and mass through the rectum was seen in majority of the patients (96.8% and 93.7% respectively) while 76.2% of them had pain during defecation. Few of the patients (33.3%) soiled their clothes.

We found that common symptoms were bleeding through rectum in 72, mass through rectum in 45, soiling of clothes in 65, pain in defecation in 81 and pruritis in 37. Diet 45 patients were on vegetarian diet while 42 were on mixed diet. The difference was non- significant ($P > 0.05$). 15 were doing exercise while 72 do not.

Hemorrhoids are caused by increased pressure in the veins of your anus or rectum. One of the main causes is straining when you're trying to have a bowel movement.¹⁰ This may happen if you're constipated or if you have diarrhea. It may

also happen if you sit on the toilet too long. When you sit on the toilet, your anus relaxes. The veins in your anus then fill with blood, which puts pressure on those veins. Hemorrhoids can also be caused by obesity, heavy lifting, or any other activity that caused you to strain. Thrombosed external hemorrhoids can be extremely painful.¹¹ Although conservative management with topical therapies is reasonable, surgical removal of the thrombus within the first two to three days leads to quicker symptom resolution, lower risk of recurrence, and a prolonged recurrence interval. The primary office-based procedures to treat grade I to III internal hemorrhoids include banding and infrared photocoagulation. In rubber band ligation, a ligation instrument is inserted through a speculum to grasp or suction the targeted hemorrhoid to facilitate placement of a rubber band over the hemorrhoid down to its pedicle.¹²

CONCLUSION

Authors found that young age group was more prone to develop hemorrhoids. Common symptoms were bleeding through rectum, mass through rectum, soiling of clothes, pain in defecation and pruritis.

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