

HAEMORRHOIDS AND OTHER ANAL DISORDERS

Prof Julius Ogeng'o

University of Nairobi

E-mail : jogengo@uonbi.ac.ke

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By Dr. Julius A. Ogeng'o

We had just returned from a short holiday at the coast and I was trying to tidy up my desk when there was a soft knock at the door. Nancy, the nurse, opened the door and ushered in a tall well built gentleman, apparently distressed. I rose to receive him and soon after exchanging greetings welcomed him to a seat. He was initially reluctant to sit and when he finally did, it was at the edge of the chair on his side. We chatted briefly about current affairs and soon settled to his problem after a brief introduction.

"My problem has lasted two years now. I noticed one day fresh blood from my anus after passing stool. Pain was there then. Subsequently this problem, initially occasional, became regular. When I visited my doctor, he told me I most likely had dysentery and prescribed some drugs which I bought and used.

Instead of getting better, six months later, every time I passed stool, I felt a lot of pain and had a feeling something was protruding from my anus. Whatever it was, it returned soon afterwards. I visited my doctor and he advised on light diet. He did not conceive the problem as real. Because the pain was increasing, I saw a different doctor this time. By that time, whatever was coming out was real and could not return till I pushed it inwards. When I touched it, it was painful. This second doctor gave me some tampon shaped tablets to be inserting in my anus every time after passing stool. He explained to me that I had haemorrhoids and suggested I have some X-rays done to establish their cause.

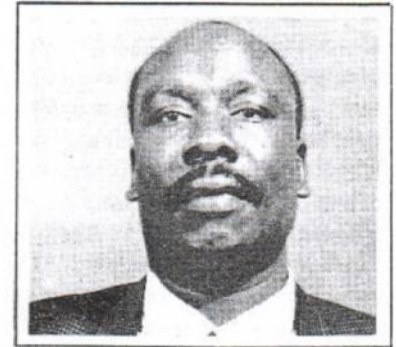
Unfortunately, before I could have the X-rays done, I went abroad where I have been for the last one year. While away, the problem seemed to have disappeared. Three days ago, the problem recurred and this time, two firm masses protruded out of my anus after passing stool with a lot of pain, and since then, they have not reduced. They are getting larger and are extremely painful. Passing stool, sitting and even normal walking are dreadful".

The gentleman narrated. When he paused, we went through the doctor/patient routine of inquiring about his family, occupation and dietary habits. After perusing through his past treatment records which he handed over to me, I requested him to let me have a look. It was obvious he had what are called "Thrombosed Piles" that is protruding dilated blood

"Passing stool was painful and I had a feeling something was protruding'from my anus. At first I thought I was suffering from dysentery."

vessels through the anal mucosa/skin with clotted blood. I asked Nancy to prepare for minor surgery and after explaining to and preparing the gentleman, I performed some minor operation on him to relieve his pain. Then I gave him some drugs and instructed him on simple home remedies. Nancy booked him to be seen in ten days.

The anal region is treated with as



Dr. Ogeng'o: "Anal problems are guarded secrets yet are very painful and embarrassing"

much secrecy as the genital area and yet its problems are frequent and often cause embarrassment. A lot of discomfort is associated with them and quite a number reflect potentially very serious problems elsewhere. In this article, I shall highlight some of these problems.

Haemorrhoids

These are abnormally distended veins occurring in relation to the anus. They are fairly common, occurring sometimes in association with pregnancy; chronic constipation, cancer of the rectum; straining at passing urine as in urethral stricture and enlarged prostate. This disease may show a familiar tendency, in which case it may occur with varicose veins elsewhere, usually the legs, that is, dilated, elongated, coiled veins visible under the skin in the legs. These so called varicose veins tend to occur more commonly in females and are worsened by pregnancy. They are sometimes said to be part of the price man pays for his upright posture. While persistent diarrhoea and constipation are usually predisposing causes, the exact cause may be dif-

difficult to discern. I must reiterate however, that in a few cases, abnormal growth in the pelvis have been found to cause haemorrhoids.

Haemorrhoids present in various stages which progress into each other. Primary haemorrhoids present with bleeding during passing stool (defaecation). The bleeding is initially slight but might increase with time. The blood is bright red. This has often been described as "a splash in the pan" This may be severe enough to raise alarm and even cause anaemia. If slight, it may be taken for granted, in which case it progresses to the secondary stage. In this stage the dilated veins protrude out of the anus as a mass of varying size, at passing stool. Such a mass is usually painless and returns spontaneously soon after passing stool. Untreated, the protruding mass may need to be returned with a finger but will usually not come again till the next time of passing stool. In the tertiary stage, the mass does not return and even after being pushed back, it prolapses again spontaneously. This stage worries many patients since the mass prolapses even on exhaustion, slight straining, and stays out. There may be a mucoid discharge from the anus that is a nuisance on its own, but worse still that it commonly causes itching around the anus. This itching around the anus is called pruritus ani.

The protruding mass, consisting of dilated networks of veins covered by skin and/or mucus membrane may become more complicated in one of the following forms:

- The blood in the veins may coagulate. It is then called a thrombosed haemorrhoid. At this stage, pain is a prominent feature. The mass feels solid and looks purple or black. The pain is much and is worsened by sitting, walking or coughing. Passing stool becomes agonising and the fear of the pain at defaecation causes constipation, which worsens the condition. The

anal margins swell and the anal discharge increases.

- The mass may have its blood supply cut off from inside. In this case it may die, rot and fall off, leaving a raw bleeding ulcer.
- The mass might be transformed into fibrous "scar" tissue. It may burst and expel the blood then heal or continue bleeding.
- The mass may be invaded by bacteria, swell and break down into an abscess (a collection of pus). This is a potentially more dangerous condition as infection may progress to involve deeper placed veins condition called pylephlebitis. If the progress is not checked in time, the infection may involve other organs like the liver and/or even get seeded to the rest of the body.

Treatment for this condition is available in various forms depending on the stage. If the predisposing cause is found, its treatment cures the condition. If it is associated with pregnancy, delivery is usually fol-

Complicated haemorrhoids are surgical emergencies and are potentially dangerous. Never attempt self-treatment.

lowed by the disappearance. Anal tablets (suppositories) and creams are available for the primary and secondary stages. Several relatively simple surgical procedures are done for more complicated and/or unresponding ones. If you suspect you have this condition, the best thing is to let a doctor examine you and advise and/or treat you appropriately. Do not, on your own attempt self-medication.

Complicated haemorrhoids particularly the thrombosed ones are surgical emergencies and as we have seen, untreated, they are potentially dangerous.

Anal Abscesses

An abscess is a collection of pus. Abscesses can occur anywhere in the body. In the anal region, they commonly occur on the sides of the anal opening or in the wall of the anal canal. Those on the side of the anal opening present as painful soft swellings. Initially the swelling may be firm and soften with time. They occur resulting from infection in the region and the best treatment is surgical incision and drainage. Abscesses are best incised (cut open) when they are ripe that is when they have softened and often pointing. Thereafter, a complete course of antibiotics and pain killers give good results.

Fistula-in-ano

This is a tunnel that has one opening in the anal canal or rectum and the other one superficially on the skin around the anal opening. They commonly result from abscesses in the region and continue to discharge mucus and/or pus. Faecal material may also leak through the fistula. This discharge is a nuisance and may cause discomfort and/or pruritus ani. It may continue for years without pain unless it is closed and the material accumulates.

It may open and close alternately on its own. The openings may be multiple or single and the skin around the opening usually gets irritated and eroded often causing ulceration.

Fistula-in-ano is usually associated with other conditions such as:

- * some forms of STD's
- * diseases of the colon such as Crohn's disease, ulcerative colitis etc.
- * tuberculosis of the intestines, skin genitalia etc
- * foreign body perforations
- * trauma
- * cancer of the ano-rectal region

Spontaneous closure is rare and the only definite form of treatment is surgical. This may be followed by antibiotics and other local applications.

Anal Fissure

This is an elongated ulcer in the canal region. It can occur on any side but occur more commonly in the back and front anal walls. This condition occurs more commonly in women in the middle ages and is frequently associated with diseases of the large intestines, syphilis, tuberculosis, cancer of the rectum etc. It may also follow operations for haemorrhoids.

Anal fissures commonly present with increased tearing pain or defaecation, bloody stools, slight anal discharge. On examination, one finds a tightly closed puckered anus, besides the ulcer. Infection, when it occurs may cause anal abscess.

Treatment usually consists of identifying and eliminating the predisposing/associated cause; and surgery.

Rectal Prolapse

This is a condition in which the rectum may protrude out of the anus. The rectum appears through the anal opening as a pink mass, distinguishable from haemorrhoids which are usually smaller and darker coloured. It occurs more commonly in extremes of age. In children, it is associated with, persistent diarrhoea, chronic cough, loss of weight and intestinal worms. In adults, it is associated with haemorrhoids, perineal tears, following traumatic child birth, straining at a stool due to constipation from whatever cause, anal operations etc. Pain is not a prominent feature but the discharge from rectal mucosa may cause pruritus ani.

A prolapsed rectum can be returned digitally or otherwise but it will recur soon or later if the primary cause is not treated occasionally the doctor may find it necessary to reduce the size of the anal opening as a remedy. This he may do by injecting some solutions into the ano-rectal mucosa or stitching.

Pruritus ani

This is itchininess around the anus. Apart from it being a nuisance and causing local discomfort, it may be a manifestation of a more serious illness elsewhere. Some of its causes include:

- poor hygiene, excessive sweating, wearing of rough or woolen under-pants.
- Anal discharge increasing moisture around the anus, as occurs in anal fissure, fistula — in ano, haemorrhoids, genital warts etc.
- Vaginal discharge that seeps into the anal region
- Parasitic infestations such as thread worms, scabies, hair lice etc.
- Fungal infections such as candidiasis
- Allergy associated with allergic reactions elsewhere e.g. urticaria, asthma.
- Skin diseases, bacterial infections.


- Psychological affections.


This condition can cause very severe itchininess that makes one scratch, so much that the skin gets irritated and even ulcerated. The ulcerated areas may get infected. Though there are creams available for local application against itching, definitive treatment consists of elimination of the primary cause, accompanied by improved hygienic measures.

Conclusion

It can be seen from the foregoing that the problems associated with the anal region are easy to detect. It is important that you suspect the problem early as it may be a manifestation of more serious but easily treatable condition elsewhere in your body. Since most of these problems can only be definitely treated surgically, do not waste time. Consult your doctor at the earliest suspicion for treatment and comply with his instructions strictly.

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