

Clinical study of perianal disorders and their management: A study of 200 cases

*¹ Rakesh Sharma, ² Amandeep Kaur, ³ Sahil Mittal, ⁴ Rohit Goyal, ⁵ NS Neki

¹ Associate Professor, Department of Surgery, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, Punjab, India

^{2,3} Junior Resident, Department of Surgery, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, Punjab, India

⁴ Senior Resident, Department of Surgery, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, Punjab, India

⁵ Professor, Dept. of Medicine, Govt. Medical College and Guru Nanak Dev Hospital, Amritsar, Punjab, India

Abstract

Perianal disorders include a diverse group of pathological disorders that generate significant patient discomfort and disability. Its prevalence in general population is much higher than seen in clinical practice since most patients with symptoms referable to perianal disorders do not seek medical attention. They manifest with a limited number of possible symptoms like bleeding, pain, itching, burning, protrusion, diarrhea, constipation, seepage, discharge and incontinence. Of these symptoms, most patients with perianal disease present with pain, bleeding, protrusion or itching. Perianal disorders include haemorrhoids, fissures, fistulas, perianal abscesses, pruritis ani and anal canal carcinomas and on rough estimate account for more than 81% of complaints centering around this part of human anatomy. In this study, most common perianal disorder seen was haemorrhoids in 49% cases followed by fistula in ano in 27% cases seen in the age group of 18-45 (64%). The most common presenting symptom was bleeding per rectum seen in 106 cases followed by discharge and itching. Constipation and poor hygiene were the most common predisposing factors seen in all perianal diseases. Most of the patients were treated with the surgical management in 96% cases with minimal recurrence without any mortality.

Keywords: perianal disorders, bleeding per rectum, fistula in ano, hemorrhoids, fissure

Introduction

Anorectal disorders include a diverse group of pathologic conditions like hemorrhoids, anal fissure, fistula, pruritus ani etc. Although non-operative management is often the initial treatment, surgical option always need to be a component of the armamentarium for dealing with these diverse processes. Thus, surgeons need to be aware of the aspects of approaching the patient with anorectal pathology, as ultimate recovery and function depend on accurate and proper evaluation and management.

AIMS and Objectives

1. To study the pattern of perianal disorders in relation to age and sex.
2. To study the clinical presentation of perianal disorders.
3. To study the etiology of perianal disorders.
4. To study the management of perianal disorders i.e. conservative/surgical.
5. To study the duration of stay in hospital.
6. To study the morbidity/mortality.

Materials and Methods

This study was conducted on 200 patients presenting to department of surgery of Guru Nanak Dev Hospital, Govt. Medical College, Amritsar, during the period from Sep. 2012 to Dec 2016 regarding the incidence, clinical presentation and management of perianal disorders.

Inclusion Criteria:

1. All cases of perianal disorders admitted in various surgical wards of Guru Nanak Dev Hospital Amritsar irrespective of age and both sexes.

2. All cases of perianal disorders because of any etiological factor.

Exclusion criteria

Recurrence of perianal disorder in the same patient.

Observations

Table 1

S. No.	Disease	No of cases	Percentage
1	Haemorrhoids	98	49%
2	Fistula in ano	54	27%
3	Anal fissure	22	11%
4	Perineal abscess	18	9%
5	Anal canal ca	3	1.5%
6	Papilloma	5	2.5%
	Total	200	

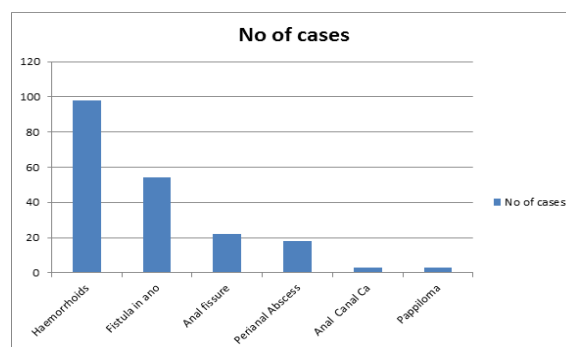


Fig 1

Table 2

S. No.	Age in years	No of cases	Percentage
1	<18	3	1.5%
2	18-45	128	64%
3	>45	69	34.5%
	Total	200	

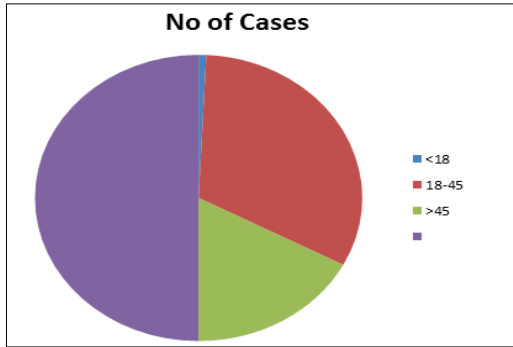


Fig 2

Table 3

S. No.	Symptom	No of cases
1	Bleeding per rectum	106
2	Pain	42
3	Swelling	18
4	Discharge	54
5	Itching/burning	52
6	Protrusion	37

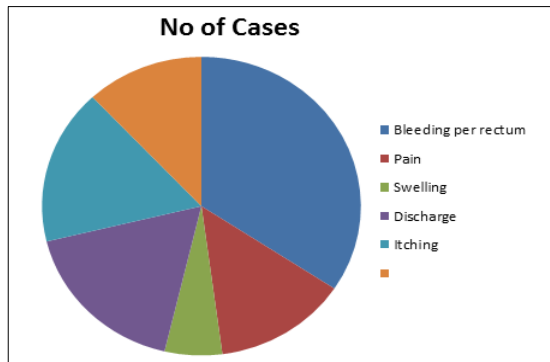


Fig 3

Table 4

S. No.	Etiology	No of cases
1	Constipation	120
2	Pregnancy	8
3	Poor hygiene	72
4	Chronic straining	61
5	Increased intra-abdominal pressure	10

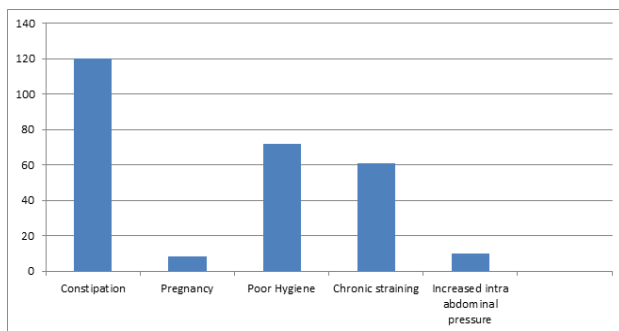


Fig 4

Table 5

S. No.	Management	No of cases	Percentage
1	Surgical	192	96%
2	Conservative/medical	7	3.5%
3	Outdoor procedure/sclerotherapy	1	0.5%

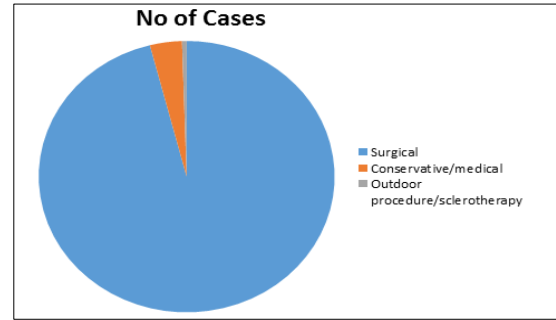


Fig 5

Table 6

S. No	Disease recurrence	No of cases
1	Haemorrhoids	0
2	Anal fissure	2
3	Fistula in ano	1
4	Perineal abscess	1
	Total	4

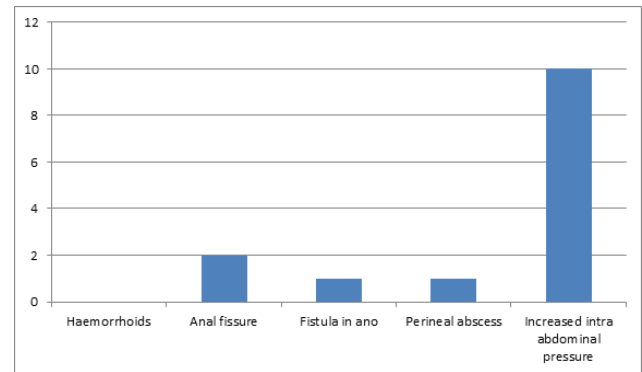


Fig 6

Discussion

Anorectal disorders include a diverse group of pathological conditions that include haemorrhoids, fissure, fistula, perianal abscess, anal canal cancer and others. Most patients with perianal disease present with pain, bleeding, protrusion or itching. Our study of 200 cases shows that most common perianal disorder was haemorrhoids (49%), followed by fistula in ano (27%) as shown in Table 1. Hussain JN in his study, found that haemorrhoids are most frequent anorectal pathology [1].

In our study, as shown in Table 2, incidence of perianal diseases was seen in 3 cases in the age group of <18 years (1.5%), 128 cases in the age group of 18-45 years(64%) and 69 cases in age of group >45 years(34%). A study done by Johanson JF and Sonnenberg A revealed that symptoms increase with age and most commonly occur between the age group of 45-65 years.² Goligher revealed that anal fissure is usually encountered in young and middle age adults and it has no gender predilection [3].

This study showed that per rectal bleeding was the most common symptom followed by discharge, itching/ burning and swelling (Table 3). According to Janicke D, Pundt M, most

patients with perianal diseases present with bleeding, pain or itching [4].

According to our study, constipation was the most common predisposing factor for perianal diseases followed by poor hygiene, chronic straining, pregnancy and others as shown in Table 4. A study done by Haas PA, Fox TA, *et al.* found that common predisposing factors for perianal disorders include constipation, pregnancy and chronic straining [5, 6]. According to the study by Medich D *et al.* pregnancy is also a predisposing risk factor for the development of symptomatic haemorrhoids [7].

In this study, 4 out of 200 cases showed recurrence (2%), of which 2 cases presented with pain due to anal fissure, one with discharge due to recurrent fistula in ano, and one with swelling due to perianal abscess. This study revealed that minimum recurrence occurred after surgery and hence surgery is the most definitive treatment. A study done by Argov S, Levandovsky O has demonstrated that lateral intrinsic sphincterotomy is the only treatment that consistently heals and relieves the symptoms of chronic anal fissure in 98% patients [8].

Loder P, Kamm M claimed surgery as the best treatment for haemorrhoids and is the most definitive treatment for most perianal disorders with minimum recurrence [9]. Gordon P stated that larger and deeper the lesions of cancer, the results of surgical excision and abdominoperineal resection are poor, with local recurrence rates of 27% to 50% [10].

In 1972 Nigro and colleagues designed a preoperative chemoradiation protocol in an attempt to downsize tumours in preparation for Abdominoperineal resection. They administered 5-FU, Mitomycin C, and 30 Gy of external beam irradiation and then performed Abdominoperineal resection [11].

Surgeons need to be aware of all aspects of approaching the patient with anorectal pathology, as ultimate recovery and function depends on accurate and proper evaluation and management [12].

Summary and Conclusion

Perianal diseases are seen most commonly in the age group 18-45 years and more than half of the patients of perianal diseases present with per rectal bleed. The most common perianal disease affecting the population is haemorrhoids, of which internal haemorrhoids are seen more commonly. Constipation is found to be the most common predisposing factor for perianal disorders in males, and pregnancy in females. Almost all cases of perianal diseases were managed operatively, with maximum cases being done under spinal anesthesia. And recurrence was seen in negligible number of operated patients. All cases were discharged under satisfactory condition with no mortality.

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