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Arshad Jamal

Associate Professor, Department of
General Surgery, Government
Medical College Badaun, Uttar
Pradesh, India

Assessment of 135 cases of Hemorrhoids reported to general surgery department: A clinical study

Arshad Jamal

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Abstract

Background: Hemorrhoids are swollen veins in your rectum or anus. The present study was conducted to assess cases of hemorrhoids visited to department.

Materials and Methods: The present study was conducted on 135 patients of hemorrhoids of both genders. In all dietary habits, bowel habits, physical activity, smoking, alcohol, family history and clinical features were assessed. Results thus obtained were subjected to statistical analysis.

Results: Maximum males were in age group 20-30 years (26) and females in age group 20-30 years (20). Minimum males were in age group >60 years (7) and females in age group 40-50 years (8). 45 males and 40 females were vegetarian, 3 males and 20 females were on mixed diet, 26 males and 14 females had positive physical activity, 24 males and 32 females had positive family history, 53 males and 14 females had smoking habit, 57 males and 12 females had habit of alcoholism. The difference was significant ($P < 0.05$). Constipation was seen in 78, straining in 89, cough in 34, bleeding from rectum in 105, mass through rectum in 54 and pain in 72.

Conclusion: Maximum cases are seen in young adults. Contributing factors are positive family history, smoking and alcoholism.

Keywords: Hemorrhoids, piles, smoking

Introduction

Hemorrhoids are swollen veins in your rectum or anus. 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 ^[1].

The type of hemorrhoid you have depends on where it occurs. Internal hemorrhoids involve the veins inside your rectum ^[2]. Patient can't feel pain on the inside of your rectum, so patient may not feel pain from an internal hemorrhoid. Patient gets bleeding or you may feel fullness in the rectum. Prolapsed hemorrhoids are internal hemorrhoids that have stretched down until they bulge outside your anus ^[3].

Prolapsed hemorrhoids can sometimes be itchy or painful. If a blood clot forms, you may feel a tender lump on the edge of your anus. Hemorrhoid may crack and bleed. If it bleeds, patient may see bright red blood on the toilet paper. A prolapsed hemorrhoid will go back inside rectum on its own ^[4].

Constipation and abnormal bowel habits (eg, straining, prolonged sitting, and frequent bowel movements) can play a significant role in patients with symptomatic hemorrhoids. Increased fiber and fluid intake should be recommended to all patients and have been shown to improve symptoms of mild-to-moderate prolapse and bleeding ^[5]. The present study was conducted to assess cases of hemorrhoids visited to department.

Materials and Methods

The present study was conducted in the department of general surgery. It comprised of 135 patients of hemorrhoids of both genders. All were informed regarding the study and written consent was obtained. Ethical approval was obtained from institute prior to the study.

General information such as name, age, gender etc. was recorded. In all dietary habits, bowel habits, physical activity, smoking, alcohol, family history and clinical features were assessed. Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

Correspondence

Arshad Jamal

Associate Professor, Department of
General Surgery, Government
Medical College Badaun, Uttar
Pradesh, India

Results

Table 1: Age wise distribution of patients

Age group (Years)	Males	Females
20-30	26	20
30-40	17	12
40-50	10	8
50-60	15	11
>60	7	9
Total	75	60

Table 1 shows that maximum males were in age group 20-30 years (26) and females in age group 20-30 years (20). Minimum males were in age group >60 years (7) and females I age group 40-50 years (8).

Table 2: Assessment of parameters

Parameters	Males	Females	P value
Diet Vegetarian	45	40	0.92
Mixed	30	20	0.12
Physical activity Yes	26	14	0.01
No	49	46	0.02
Positive family history	24	32	0.61
Smoking	53	14	0.01
Alcoholism	57	12	0.02

Table 2, Figure I shows that 45 males and 40 females were vegetarian, 30 males and 20 females were on mixed diet, 26 males and 14 females had positive physical activity, 24 males and 32 females had positive family history, 53 males and 14 females had smoking habit, 57 males and 12 females had habit of alcoholism. The difference was significant ($P < 0.05$).

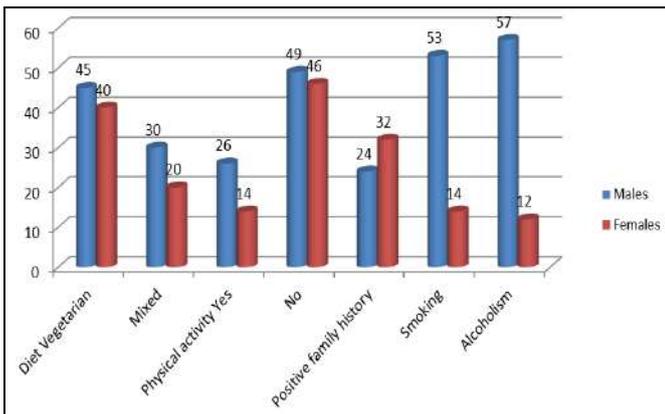


Fig 1: Assessment of parameters

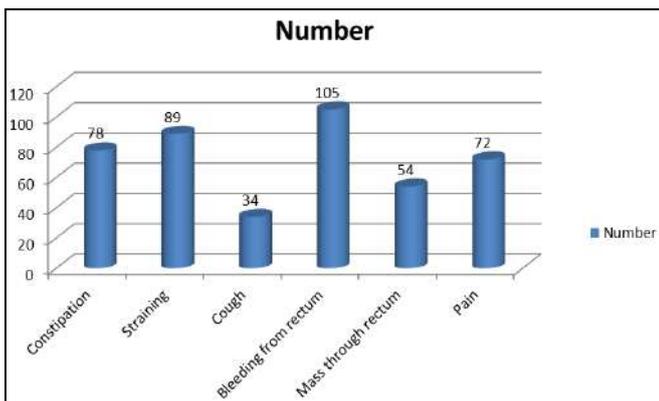


Fig 2: Clinical features

Figure II shows that constipation was seen in 78, straining in 89, cough in 34, bleeding from rectum in 105, mass through rectum in 54 and pain in 72.

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. In grade I hemorrhoids the mucosa barely prolapses, however, with severe straining, they may be trapped by the closing of the anal sphincter [6]. Grade II hemorrhoids are further protruded in the mucosa, and thus the patient complains of an obvious lump, but this disappears spontaneously and rapidly after defecation unless thrombosis occurs [7]. Grade III hemorrhoids are seen in chronic hemorrhoidal disease, where the persistent prolapsing produces dilatation of the anal sphincter, and the hemorrhoids protrude with minimal provocation and usually require manual replacement. In case of grade IV hemorrhoids, these are usually external and are protruding all the time unless the patient replaces them, lies down, or elevates the foot of the bed [8]. The present study was conducted to assess cases of hemorrhoids visited to department.

In present study, maximum males were in age group 20-30 years (26) and females in age group 20-30 years (20). Minimum males were in age group >60 years (7) and females I age group 40-50 years (8).

Ravindranath *et al.* [9] conducted a study and found that 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 45 males and 40 females were vegetarian, 30 males and 20 females were on mixed diet, 26 males and 14 females had positive physical activity, 24 males and 32 females had positive family history, 53 males and 14 females had smoking habit, 57 males and 12 females had habit of alcoholism. Constipation was seen in 78, straining in 89, cough in 34, bleeding from rectum in 105, mass through rectum in 54 and pain in 72.

There is a remarkable paucity of studies on external hemorrhoid thrombosis and even fewer that provide high levels of evidence. Surgery may be superior to non-operative treatment, but there is no evidence regarding the optimal period of initiation of conservative management. Although most patients treated non-operatively will experience eventual resolution of their symptoms, excision of thrombosed external hemorrhoids may result in more rapid symptom resolution, lower incidence of recurrence, and longer remission intervals [10].

Conclusion

Hemorrhoids are painful condition. Maximum cases are seen in young adults. Contributing factors are positive family history, smoking and alcoholism.

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