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A clinical study of anorectal disorders in southern east (Rural) Rajasthan

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Abstract
Anorectal 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 referred to anorectal disorders do not seek medical attention. Of these symptoms, most patients with anorectal disease present with bleeding PR, pain during defecation, protrusion or itching. Anorectal disorders include hemorrhoids, fissures in ano, fistulas in ano, perianal abscesses, pruritis ani and ano rectal growth. In this study, most common anorectal disorders seen, are hemorrhoids in 50% cases followed by fissure in ano 31.36%. Most cases seen in the age group of 21-40 years (55.45%). The most common presenting symptom was bleeding per rectum seen in 122 (55.45%) cases followed by pain during defecation 96(43.63%). Constipation and poor hygiene were the most common predisposing factors seen in most anorectal disorders.
Most of the patients were treated with the surgical management in 92% cases with minimal recurrence without any mortality. All patients were discharged within 3 - 5 post operative days.

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

Introduction
Anorectal disorders include hemorrhoids, fissures in ano, fistulas in ano, perianal abscesses, pruritis ani and ano rectal growth. Although non-operative management is often preferred by patients initially, except in anorectal growth. Surgical option need to be a component for nonresponding to conservative management or dealing with 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 anorectal disorders in relation to age and sex.
2. To study the clinical presentation of anorectal disorders.
3. To study the etiology of anorectal disorders.
4. To study the management of anorectal disorders i.e. conservative/surgical.

Materials and Methods
This retro-prospective study was conducted on 220 patients presenting to the OPDs and wards of the department of surgery of SRG Hospital and Medical College Jhalawar Rajasthan during 12 months of duration (January 2019 to December 2019).

Inclusion Criteria
1. All cases of anorectal disorders attending in surgical OPDs.
2. All cases of anorectal disorders, admitted in various surgical wards of SRG hospital medical college Jhalawar, irrespective of age and both sexes.

Exclusion criteria
1. Recurrence of anorectal disorder (follow up or repeat procedure ie sitone tie) in the same patient.
2. Emergency anorectal cases ie perianal abscess.

Observations

Hemorrhoids 110(50%), fissure in ano 69 (31.36%) and fistula in ano 34(15.45%) contributes the most cases 213(96.82%) of anorectal disorders (table no 01). 22 cases of piles were associated with fissure in ano also.

Table 1: Anorectal disorders distribution

SN	Disorders	No, %
1	Hemorrhoids	110(50%)
2	Fissure in ano	69(31.36%)
3	Fistula in ano	34(15.45%)
4	Anorectal polyps	4(1.82%)
5	Anorectal growths	3(1.36%)

Bleeding per anum (55.45%) and pain, during or post defecation (43.63%) are the two most leading symptoms. Protrusion and swelling are late features) (table 02).

Table 2: Presentation

SN	Symptoms	No of cases	%	distribution
1	Bleeding per anum	122	55.45%	92p+30fis
2	Pain	96	43.63%	64fis+22p
3	Discharge	38	17.27%	29fistula+9p
4	Itching/Burning	52	23.63%	46fis+6p
5	Protrusion	11	5%	11p
6	Swelling/Boils	7	3.20%	3p+4fistula

Spicy food (65.9%) and the chronic constipation (54.54%) are the most common etiologic factor for anorectal diseases (mostly for hemorrhoids).

Smoking (27.72%) is also contributing etiology for anorectal disorders (100% with anorectal growth). Poor hygiene (20.90%) is associated with anal fistula (68%). (Table no 03)

Table 3: Etiology

SN	Etiology	No of cases	Percent
1	Spicy food	145(104p)	65.90%
2	Chronic constipation	120(92p)	54.54%
3	Pregnancy	8(4p+4fis)	3.63%
4	Chronic smoker	61(26p)	27.72%
5	Poor hygiene	46(31fistuls)	20.90%

Age and sex distribution

Table 4. Age distribution

Anorectal disorders	Hemo-rrhoids	Fissure in ano	Fistula in ano	Rectal Polyp	AR growth	Total
Age group						
<20	0	4	0	4	0	8(03.6%)
21-40	56	41	25	0	0	122(55.5%)
41--60	38	16	7	0	0	61(27.7%)
>60	16	8	2	0	3	29(13.2%)
Total	110	69	34	4	3	220
Age distribution of anorectal disorders						

Anorectal diseases are more common 122(55.45%) in middle age group 21-40 years and least common 8(3.63%) in youngers (<20years). Piles and fistulas are rare below the age of 20 years. Fistulas are less common in the elder age group (>60). These are, also more common in middle age group 21-40 years. About 83% (183) of anorectal cases are found in middle age group (21-60years). Rectal polyps are diseases of extreme age (<20,.>60). Benign polyps are found in early age (<20years), while malignancies are more common in elder patients (>60years).

Table 5. Sexual distribution

Disorders	Total	Male	Female
Hemorrhoids	110	88(80%)	22(20%)
Fissure in ano	69	36(52%)	33(48%)
Fistula in ano	34	28(81%)	6(19%)
Anal growth	7	5(71%)	2(29%)
Sexual distribution of anorectal disorders			

Hemorrhoids and fistula in ano are more common found in male patients, while females contributes more ratio (48%) in fissure in ano rather than other anorectal disorders.

Management of anorectal disorders

Table 6. Management of anorectal disorders

SN	Management of anorectal disorders	No of cases	%
1	Surgical	202	92%
2	Conservative/ non surgical	18	8%
Management of anorectal disorders			

Most of the patients were treated with the surgical management in 92% cases with no recurrence and without any mortality (Table no 06). Patients who treated with conservatives or non surgical treatment 18(8%) are those who either denied for surgery or patients of first degree hemorrhoids. No recurrence was reported in all operated cases.

Discussion

Anorectal disorders include a diverse group of pathological conditions that include hemorrhoids, fissure in ano, fistula in ano, anorectal growth and others. Most patients with anorectal disorders present with bleeding and pain per anum. Our study of 220 cases shows that most common anorectal disorder were haemorrhoids (50%), followed by fissure in ano (31.36%) as shown in Table 01. Hussain JN [1] in his study also found that hemorrhoids are most frequent anorectal pathology.

In our study, only 8 (13.6%), cases of anorectal disorders was seen in the age group of <20 years, 122 (55.5%) cases in the age group of 21-40 years and 61(27.7%) cases in age of 41-60 years were noted. This shows that anorectal disorders more prevalent in adulthood (21-60yeas). Goligher [3] revealed that anal fissure is usually encountered in young and middle age adults and it has no gender predilection while other anorectal disorders have male predominancy.

This study showed that per rectal bleeding was the most common symptom followed by pain per anum,(Table 2). According to Janicke D, Pundt ts [4] with anorectal disorders present with bleeding, pain or itching.

According to our study, spicy food is the most common pre disposing factor for anorectal disorders followed by constipation, chronic straining, and others as shown in Table 3. Chronic smoking may be additional factor which promote anorectal disorders by causing constipation. A study done by Haas PA, Fox TA, *et al*. [5, 6] found that common predisposing factors for perianal disorders include constipation, pregnancy and chronic straining In this study, no cases shows recurrence.4 cases of anorectal growth for which punch biopsy were taken, not operated in this institute otherwise all operated case have not any recurrence. This study revealed that minimum recurrence occurred after surgery and hence surgery is the most definitive treatment for anorectal disorders. A study done by Argov S, Levandovsky O [8] has demonstated that lateral intrinsic sphincterotomy is the only treatment that consistently heals and relieves the symptoms of chronic anal fissure in 98% patients Loder P, KammM [9] claimed surgery as the best treatment for haemorrhoids and is the most definitive treatment for most perianal disorders with minimum recurrence. Gordon P stated [10] that larger and deeper the lesions of cancer, the results of surgical excision and abdominoanorectal resection are poor, with local recurrence rates of 27% to 50%.

In 1972 Nigro and colleagues designed a preoperative chemoradiation protocol in an attempt to downsize tumours in preparation for Abdominoanorectal resection.

Theyadministered 5-FU, Mitomycin C, amd 30 Gy of external beam irradiation and then performed Abdominoanorectal 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 valuation and management.

Summary and Conclusion

Anorectal disorders are seen most commonly in the age group 21- 60 years and more than half of the patients of anorectal disorders present with per rectal bleed. The most common perianal disease affecting the population is haemorrhoids, of which internal haemorrhoids are seen more commonly. Fissure in ano are more common in females as compare to males. Spicy food and Constipation found to be the most common predisposing factor for perianal disorders in males, Almost

all cases of anorectal disorders were managed operatively, with maximum cases being done under spinal anesthesia. And no recurrence was seen in operated patients. All cases were discharged under satisfactory condition with no mortality.

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