

Conservative management of Thrombosed external hemorrhoid

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Abstract

A prospective study of 20 patients (12 males ,8 female) with main age about 47 years in both sexes all were complained from thrombosed external hemorrhoid (TEH) was conducted, most of them complained from at least one symptom discharge , pain , lump....

As we know the surgical management is the gold standard management of such conditions ,but in this study .(because some patients refuse operation either afraid from operation or shying specially women in our society) so try conservative management No surgery, no baths , but treated with gentle dry cleaning with smooth toilet paper after defecation, with intravenous antibiotics (ceftriaxazon, metronidazol) for 2 weeks then Follow-up information was collected six months after admission the results are :- 6 Pt (30%) (described as “healed” without need operation) , 10 Pt (50)% (described as unchanged with minimal symptom no need another operation), 4pt (20%) become sever pain or abscess formation need urgent operation.

Only 2pt out of 16 (12.5%) have recurrence. In spit of the surgery is the gold standard therapy for TEH butwe can use conservative management especially for patients who were unfit for surgery or who refused with minimal risks.

العلاج التحفظي للبواسير الخارجية المتخثرة

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الخلاصة

دراسة مستقبلية أجريت على 20 مريضا (12 رجلا و 8 نساء معدل أعمارهم 47 سنة لكلا الجنسين) جميعهم مصابون بالبواسير الخارجية المتخثرة اللذين يرفضون إجراء العملية الجراحية اما بسبب الخوف من العملية او بسبب الخجل وخصوصا النساء في مجتمعنا المحافظ حيث اجريت علاجا تحفظيا بدون إجراء عملية جراحية (مع العلم ان العملية الجراحية هي العلاج الامثل لمثل هذه الحالات) كان العلاج عبارة استخدام ورق التواليت الجاف الرقيق المعقم للمسح بعد التغوط دون استخدام الماء مع استخدام المضادات الحيوية الوريدية (سفتريكسازون والميترونيدازول) ومسكنات الالام لمدة اسبوعان ومتابعه المرضى لتفادي ظهور أي مضاعفات وعلاجها ، بعد وبعد ذلك متابعه المرضى لمدة 6 اشهر لاحتماليه رجوع المرض فوجدت مايلي :-

6مرضى (30%) قد شفوا تماما ولم يبقى لها اثر الا قليل و 10مرضى (50%) لم تتغير الباسوره لم تشفى ولكن باعراض اقل ، اما المرضى الاربعه المتبقين (20%) لم يفلح العلاج معهم فعانوا من الم شديد او تحول الى خراج مما اضطرنا الى اجراء عملية طارئة .

لقد وجد مريضان فقط من اللذين تابعا معهم العلاج التحفزي (2 من اصل 16) أي (12.5%) قد رجع عليهم الباسوره اما البقيه فلا. لذا فانه بالرغم من ان العملية الجراحية للباسوره الخارجيه المتخثره هي العلاج الاصلح الا ان العلاج التحفزي يكون مقبولا للمرضى اللذين يرفضون العمليه الجراحيه او اللذين يخاف عليهم من التخدير بشرط المتابعه الدقيقه.

Introduction

External hemorrhoids (piles) occur distal to the dentate line and develop as a result of distention and swelling of the external hemorrhoidal venous system (see the first image below) (1) Engorgement of a hemorrhoidal vessel with acute swelling may allow blood to pool and, subsequently, clot; this leads to the acutely thrombosed external hemorrhoid, a bluish-purple discoloration often accompanied by severe incapacitating pain (2,3) Symptoms of benign anal diseases like internal hemorrhoids rank among the most common complaints of patients seen in primary care practices (4567). Etiology of thrombosed external hemorrhoid (TEH) is unknown (8) Synonyms for thrombosed external hemorrhoid are acute thrombosed external hemorrhoid, (9,10) acute hemorrhoidal disease, (11) anal hematoma, perianal hematoma, (12,13, 14, 15) thrombosed haemorrhoid, hemorrhoidal thrombosis (16,13,17) or perianal thrombosis. It was suggested to rename the disease "perianal thrombosis" to make it distinguishable from hemorrhoids since a causal connection is unproven. (18,19). Histologically, thrombi are found in perianal veins, not in subcutaneous tissue and the term "hematoma" is wrong. (5). TEH has two main modalities of clinical presentation: as a common single external pile or as a circular thrombosis of external hemorrhoids. Thrombosed hemorrhoid, treated with incision and removal of clot. Image courtesy of Dr. Jonathan Adler. (20, 21) Acute pain and thrombosis of an external hemorrhoid within 48-72 hours of onset is an indication for excision (22) inject local anesthesia into anal skin which is very painful, do an incision or excision, and then take thrombi out. (5,16,17,19,23,24) Is this necessary? Only a minority of such patients present with formidable swelling, fierce bleeding, and overwhelming pain. Because patients fear surgery,

they wait and observe their symptoms. Sometimes they present hours, even days after onset with less swelling, less pain, and no bleeding. Because swelling vanishes, a thrombus must not perforate anal skin, which means no bleeding, and may disappear within two to three weeks by resorption.

Aims of the study

Some patients refuse operation for thrombosed external hemorrhoid either because afraid or shying especially female patients in our society, the aim of this study is possibility to treat patients who complain from thrombosed external hemorrhoid with out operation only conservative management with minimal risks and complications

Methods and procedure

20 Patients with TEH (12 men ,8 women), aged 17–65 years (mean age 47y) , presenting at my office from jun 1st, 2011 to jun, 2012 at Al Hussain teaching hospital in Nassyria and at my privet clinic (all of them refuse operation) management policy is No surgery , conservative management including use smooth dry toilet paper for anal cleaning after defecation, with use topical anesthesia (lidocain 2% ointment) As well as intravenous antibiotics (ceftriaxazon and metronodazol) and stool softeners, increased dietary fiber, increased fluid intake , analgesia. The management continue for one to two weeks (not use water or wet wipes), then follow patients for 6 months were instructed to come back to clinic in case of problems or recurrence.

Results

This study was done on 20 patients all of them complained from external thrombosed hemorrhoid 12 men about 60% and 8 women about 40% as I table 1 from different age groups

as in table 2 in mean age 47 years , they were complained from different associated symptoms mostly itching 75% lump and pain 60% look table 3. After 1 to 2 weeks of conservative management 6 patients 30% were healed, while 10 patients 50% unchanged not disappear but still complaining from very negligible symptoms they were not need operation look table 4 , there are 4 patients 20% complain from sever pain and abscess formation so that urgent operation was done. The 16 patients who not undergo operation I continue follow them for 6 months to show any recurrence of disease, the result is only 2 patients 12.5% have recurrence of disease while others 14 patients 87.5% no recurrence

Table (1): Sex distribution.

Sex	No of Pt	% of Pt
Males	12 pt	60%
Female	8 pt	40%
Total	20 pt	100%

Table (2) Age distribution the main age about 47 y in both sex its distributed as below

Age	No of Pt	% of Pt
<30 y	2 pt	10%
30-40 y	5 pt	25%
40-50y	7 pt	35%
>50y	6 pt	30%
Total	20 pt	100%

Table (3) Most of Patients complained from at least one or 2 symptom:

Itching	15 pt (75%)
lump	13 pt (65)
pain	12 pt (60)
bleeding	3 pt (15%)
Mucous discharge	1 pt (5%)

Table (4) after 2 weeks of conservative management

	No of Pt	% of Pt
Healed	6 pt	30 %
Unchanged	10 pt	50 %
Pain or abscess	4pt	20%
Total	20	

Table (5) after six-month follow-up (range 2–10 months) most of healed and unchanged patients have no recurrences

	No of Pt	% of %
no recurrences	14	87.5%
recurrence,	2	12.5%
Total	16	100%

Discussion

In this study I choice 20 patients (12 males , 8 female) with main age about 47 years in both sexes all of them complained from Thrombosed external hemorrhoid, most of them afraid from operation, some female patients shying was included, as in table 1,2 With symptoms at admission were: anal lump ,pain , burning ,itching , bleeding, pricking and so.. as in table 3. All of them treated with conservative management no surgery (with gentle dry cleaning with smooth toilet paper after defecation. As well as antibiotics (ceftriaxazon and metronodazol) and stool softeners, increased dietary fiber, increased fluid intake , analgesia) some of them healed without need any surgical operation 6 Pt out of 20 (30%) look (table 4). The swelling vanishes, a thrombus not perforate anal skin, which means no bleeding, and disappear within two to three weeks by resorption. , (23, 24) , and some other patients 10 patients (50%) THE still unchanged but with minimal symptoms but not disappear , while 4patients (20%) not respond to management become sever pain or development of abscess , so operation was done urgently. After six-month follow-up (range 2–10 months) most of healed patients or unchanged patients have no recurrences

14 Pt out of 16 (87,5 % healed with out recurrence) table 5. There are no randomized controlled trials comparing surgical and conservative management of THE, because the surgical management is the gold standard if the condition is encountered within the first 72 hours after onset or fails to respond to conservative treatment Acute pain and thrombosis of an external hemorrhoid within 48-72 hours of onset is an indication for excision. In a retrospective study by Greenspon et al, surgical treatment resulted in much faster symptom resolution (3.9 d vs 24 d), as well as a lower frequency of recurrence (6.3% vs 25.4%),-(25)

Conclusions

In spite of the surgery is regarded the gold standard therapy for TEH but the use conservative management its a good alternative treatment for patients who refuse surgery with minimal risks and complications but should good follow up

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