Journal of Cardiovascular Disease Research

ISSN:0975 -3583,0976-2833 VOL13, ISSUE 05, 2022

Original research article

A STUDY ON CLINICAL PROFILE OF HEMORRHOIDS AT A TERTIARY CARE HOSPITAL

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Abstract

Histologically, a hemorrhoid consists of dilated thick walled venous channels, lying in dense connective tissue matrix, the over lying mucosa is usually covered by transitional I columnar epithelium with fibromuscular thickening of the lamina propria that commonly accompanies mucosa prolapse. Occasionally, the surface is ulcerated and may or may not show pseudomembrane formation. In the present study 100 cases were selected on the basis of the simple random sampling technique. The data was collected in a pretest questionnaire pertaining to the study. Analysis was made on the basis percentages, mean values, standard deviation, t-test and proportion/chi square test of significances. The incidence of haemorrhoids increases with age. In the present study, the occurrence of haemorrhoids is maximum in the fourth decade of life (27.0%). They are predominantly seen in males (80.0%) than in females (20.0%).

Keywords: hemorrhoid, proctoscopy, bleeding with prolapse

Introduction

The word Hemorrhoids was applied by Hippocrates for passage of blood from the anal veins. Symptoms associated with this disease have caused the condition to be recorded in ancient writings and documents extending as for back as the Babylonian, Egyptian, Greek, Hindu and Hebrew cultures. Bible refers to people afflicted with Hemorrhoids. Many hemorrhoids sufferers have been named: the philistines, napoleon Bonaparte, Don Juan Demoranna and others. Maimonides, one of the most famous ancient physicians, described soothing medications, ointments, suppositories for the treatment of haemorrhoids. He also suggested surgery was not the treatment of choice [1, 2].

Hippocrates most likely performed an open haemorrhoidectomy 2000 years ago. Earliest types of Haemorrhoidectomy consists of excision and ligation, the only difference between procedures being the level of pedicle, method of excision and treatment of anal wounds. Variation on this theme evolved open to the closed method of excisional haemorrhoidectomy. In middle ages, haemorrhoids were probably treated with mass ligation of entire internal and external haemorrhoids complex. In 1774, John Louie Petit proposed sub mucosa! Method of ligation. In 1835, Samon, founder of St. Mark's Hospital, first to isolate the haemorrhoidal pedicle. White head described the circumferential amputation of haemorrhoids in 1882 [3, 4].

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Pathologic examination of haemorrhoidal tissue is recommended mainly to exclude anal neoplasm most notably melanoma which may have similar clinical presentation.
Histologically, a haemorrhoid consists of dilated thick walled venous channels, lying in dense connective tissue matrix, the over lying mucosa is usually covered by transitional I columnar epithelium with fibromuscular thickening of the lamina propria that commonly accompanies mucosa prolapse. Occasionally, the surface is ulcerated and may or may not show pseudomembrane formation [5, 6].
In the exposed and traumatized areas, they tend to become thrombosed. Superficial ulceration, tissue formation and infarction with strangulation may develop.

Methodology

In the present study 100 cases were selected on the basis of the simple random sampling technique. The data was collected in a pretest questionnaire pertaining to the study. Analysis was made on the basis percentages, mean values, standard deviation, t-test and proportion/chi square test of significances.
Each patients had a detailed clinical examination including per rectal and proctoscopic examination. Routine investigations like blood and urine examination and screening of chest done.
The material collected was entered in the proforma made for this study. Haemorrhoids were graded and treated accordingly.
Detailed history of the patient, local examination in every patient done according to proforma. In physical examination significant findings like pallor, are noted, proctoscopy was done to all patients. Under systemic examination respiratory, cardio-vascular, per abdominal examination was done in detail to know any associate disease and to rule out any cause which predisposes to piles.
The diagnosis in each case was made according to given history and physical findings.

Pre-operative evaluation

Pre-operative evaluation and preparation was done in every case before taking up for surgery. Case associated with medical illness like chronic bronchitis, Bronchial asthma, Diabetes mellitus, Pulmonary tuberculosis, pneumonia, hypertension, epilepsy and anaemia, were treated accordingly.
Most of the patients were treated under spinal anasthesia, with the patients in lithotomy position, sphincter was widely stretched, proctoscopy will be done. The internal haemorrhoids were then prolapsed by traction on the skin of anal margin. Each haemorrhoidal mass was then picked up with dissecting forceps and traction applied. Traction displays a pedicle above the haemorrhoid. Each pedicle was grasped in a fine pointed haemostat, with a scissors a 'v' shaped cut was made just lower to mucocutaneous junction and the pile masses were separated upto the lower border of internal sphincter. Transfixation ligature was applied to each pile mass and pile masses were excised the wound is dressed by mixing a piece of gauze soaked in lignocaine Jelly (2%) and Betadine ointment (or) a rectal tube will be placed and by application of pad and cotton with T-bandage firmly completes the operation.
Post operatively patients were given L.V. fluids for 8-12 hours then orally. Parenteral analgesics were given for pain and spasm. Sitz bath was given twice daily from 3rd post-operative day. Per rectal examination will be done from 3-5 days after surgery

ISSN:0975 -3583,0976-2833 VOL13, ISSUE 05, 2022

with well lubricated gloved hand.
Cases were followed for recurrence or delayed post-operative complications.

Results and Discussion

Table 1: Showing the age and sex distribution of the cases

Age (years)	Male	%	Female	%
10-19	3	05.0	1	05.0
20-29	10	21.50	2	20.0
30-39	35	27.25	7	30.00
40-49	14	20.00	6	30.00
50-59	10	21.25	2	05.00
60-69	4	03.50	1	05.00
70-79	4	01.50	1	05.00
Total	80	100	20	100

In the present study, the maximum age group is recorded is 80 years and the minimum age of the patient is 12 years.
In the present series, haemorrhoids are more common in the age group 30-39 years which shows the maximal incidence of 27%.
In the present series, regarding sex incidence, the male I females ratio is 4:1. According to Franc. H. Hetzer, Nicolas Demarties, Alexander F. Handschin, Pierre Alain Clavien series, male I female ratio is 3:1 [7].
Mean age Incidence Table showing the mean age (years) and standard deviation according to sex.

Table 2: Mean age and sex

Sex	Mean age (years)	Standard deviation
Male	39.5	13.1
Female	38	12.4

The mean age incidence among males was 39.5 years with a standard deviation of 13.1 years where as the mean age incidence among females was 38 years with a standard deviation of 12.4 years the difference in the mean age was not statistically significant (P>0.05).
According to C.C. Chung, J.P.Y. Ha, Y.P. Tai, W.W.C. Tsang, M.K.W Li, series mean age incidence for haemorrhoids is Fifth decade [8].

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Table 3: Showing the incidence of presenting symptoms

SI. No.	Presenting Symptoms	Males (n=80)	%	Females (n=20)	%	P-Value	Inference
1.	Bleeding	28	35	8	40	>0.05	NS
2.	Bleeding + Prolapse	33	41.25	7	56	<0.05	s
3.	Prolapse	17	21.25	3	24	>0.05	NS
4.	Pain	3	3.75	1	8	>0.05	NS

P value <0.05, S = Significant.

P value >0.05, NS = Not significant.

In the present series, the predominant symptom is bleeding with prolapse which is seen in about 40 patients, bleeding alone in 36 patients prolapse alone in 20 patients and pain in 4 patients respectively.

Table 4: Showing the degree of haemorrhoids in males and females

Degree	M	%	F	%	P-value	Inference
I	3	3.75	2	10	<;:0.05	s
II	20	25.0	5	25	>0.05	NS
Ill	42	52.50	8	40	<0.05	s
IV	15	18.75	5	25	<0.05	s

P <0.05, S = Significant.

P >0.05, NS = Not Significant.

In the present study, 5.0% patients were First degree, 25.0% patients were Second degree, 50.0% patients were Third degree and 20.0% patients were fourth degree with comparative to E-Ganio, D.F. altomare, F. Gabrielli, G. Milito and S. Canuti senos the incidence of third degree and fourth degree haemorrhoids is slightly low.

Conclusion

- Haemorrhoids have been affliction of mankind from time immemorial. Although haemorrhoids are almost never life threatening, but can cause unhappiness and deserve serious examination and treatment.
- The incidence of haemorrhoids increases with age. In the present study, the occurrence of haemorrhoids is maximum in the fourth decade of life (27.0%). They are predominantly seen in males (80.0%) than in females (20.0%). It occurs more commonly in officials, businessmen, housewives and students. More than 70.0% are found to have mixed diet.

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Accepted on 04/01/2022