

ORIGINAL RESEARCH

Assessment of cases of Hemorrhoids

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Abstract

Background: Hemorrhoids or piles are one of the most common disorders seen among the young adults. The present study assessed cases of hemorrhoids.**Materials & Methods:** 120 patients of hemorrhoids of both genders were included. In all dietary habits, bowel habits, physical activity, smoking, alcohol, family history and clinical features were assessed.**Results:** Age group 20-30 years had 12 males and 10 females, 30-40 years had 18 males and 7 females, 40-50 years had 20 males and 15 females, 50-60 years had 11 males and 10 females and >60 years had 9 males and 8 females. The difference was significant ($P < 0.05$). There were 62 vegetarian and 58 on mixed diet, 35 had positive physical activity, 78 had smoking habit and 80 had habit of alcoholism. The difference was significant ($P < 0.05$). Constipation was seen in 80, straining in 92, cough in 30, bleeding from rectum in 90, mass through rectum in 51 and pain in 78. The difference was significant ($P < 0.05$).**Conclusion:** Maximum cases are seen in males as compared to females. Risk factors for hemorrhoids comprised of smoking, alcoholism and lack of physical activity.**Key words:** Hemorrhoids, Smoking, alcoholism

Introduction

Hemorrhoids or piles are one of the most common disorders seen among the young adults.¹ It is estimated that more than 50% of the males and females would suffer from piles before they are of 50 years of age.² In grade I hemorrhoids the mucosa barely prolapses, however, with severe straining, they may be trapped by the closing of the anal sphincter. 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. 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.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 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.⁵The present study assessed cases of hemorrhoids.

Materials & methods

The present study was conducted among 120 patients of hemorrhoids of both genders. All were informed regarding the study and written consent was obtained.

Data 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.

Results

Table I Age wise distribution of patients

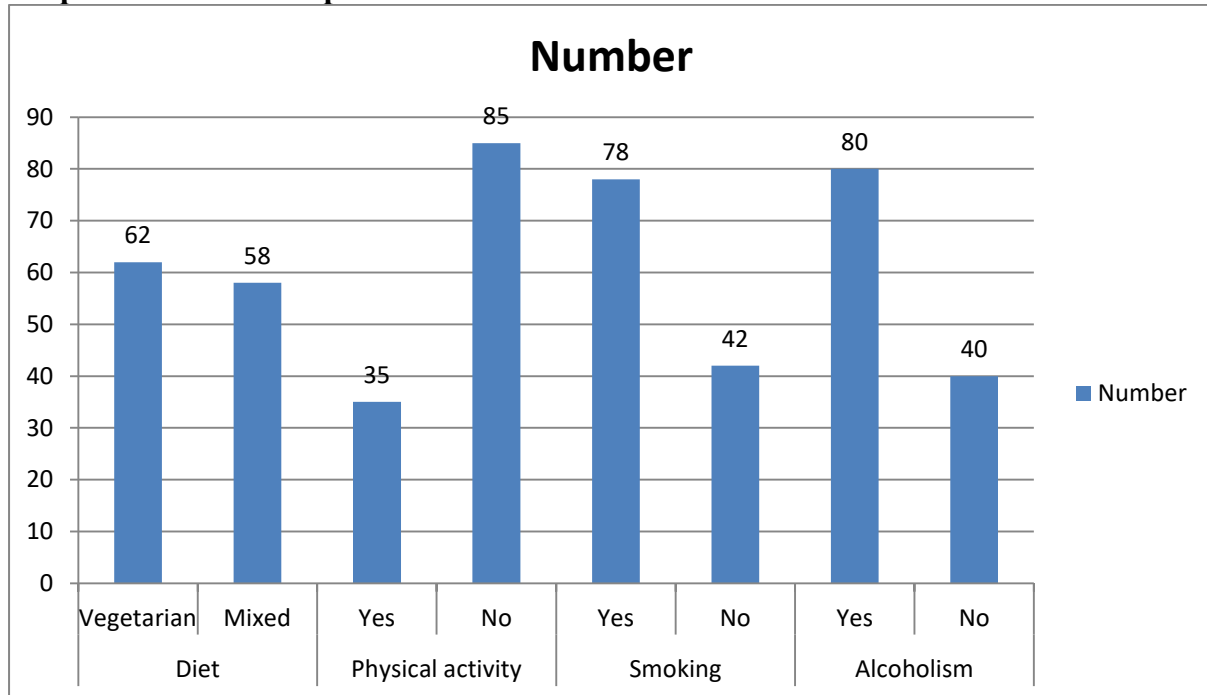
Age group (Years)	Males (70)	Females (50)	P value
20-30	12	10	0.05
30-40	18	7	
40-50	20	15	
50-60	11	10	
>60	9	8	

Table I shows that age group 20-30 years had 12 males and 10 females, 30-40 years had 18 males and 7 females, 40-50 years had 20 males and 15 females, 50-60 years had 11 males and 10 females and >60 years had 9 males and 8 females. The difference was significant ($P < 0.05$).

Table II Assessment of parameters

Parameters	Variables	Number	P value
Diet	Vegetarian	62	0.94
	Mixed	58	
Physical activity	Yes	35	0.82
	No	85	
Smoking	Yes	78	0.05
	No	42	
Alcoholism	Yes	80	0.02
	No	40	

Table II, graph I shows that there were 62 vegetarian and 58 on mixed diet, 35 had positive physical activity, 78 had smoking habit and 80 had habit of alcoholism. The difference was significant ($P < 0.05$).

Graph I Assessment of parameters**Table III Assessment of clinical features**

Clinical features	Number	P value
Constipation	80	0.21
Straining	92	
Cough	30	
Bleeding from rectum	90	
Mass through rectum	51	
Pain	78	

Table III shows that constipation was seen in 80, straining in 92, cough in 30, bleeding from rectum in 90, mass through rectum in 51 and pain in 78. The difference was significant ($P < 0.05$).

Discussion

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. The present study assessed cases of hemorrhoids.

We found that age group 20-30 years had 12 males and 10 females, 30-40 years had 18 males and 7 females, 40-50 years had 20 males and 15 females, 50-60 years had 11 males and 10 females and >60 years had 9 males and 8 females. Malviya et al⁹ found that most of the patients (46%) belongs to the younger age (20-40 years). 69% were male patients and 31% were female patients. Patients with higher socioeconomic status were most commonly affected group (37.2%) with hemorrhoids. Commonest symptoms was Bleeding per rectum. In the present study, risk factors for hemorrhoids were low fiber diet, mixed diet, poor hydration, chronic constipation or diarrhea, straining during the defecation, low physical activity and obesity. Sclerotherapy (11.1%) and rubber band ligation (4.1%) were non operative treatment. Operative procedures performed in the present study were open hemorrhoidectomy (81.4%) and stapled hemorrhoidopexy (3.2%). This demographic study of hemorrhoidal disease in this region can guide us to better understand the trends of this disease

which is most commonly encountered in our society. This useful information may aid in the assessment and definitive care of these patients with hemorrhoids.

We observed that there were 62 vegetarian and 58 on mixed diet, 35 had positive physical activity, 78 had smoking habit and 80 had habit of alcoholism. Constipation was seen in 80, straining in 92, cough in 30, bleeding from rectum in 90, mass through rectum in 51 and pain in 78. Ravindranath et al¹⁰ 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.

Johnson et al¹¹ determined the association of hemorrhoids with constipation and other potential risk factors. The analysis consisted of 325 consecutive patients who underwent proctoscopy. Hemorrhoids were identified in 168 subjects; the remaining 157 served as controls. No significant association was observed between constipation and hemorrhoids. Increasing age, cirrhosis, and varicose veins likewise were not associated with hemorrhoids. In contrast, the subjective complaint of diarrhea and obesity were significantly associated with the presence of hemorrhoids. The results of this analysis suggest that diarrhea but not constipation may represent a risk factor for the development of hemorrhoids.

Kibretet al¹² found that out of the 403 study participants, 13.1% (95%CI; 10.1, 16.8) had hemorrhoids. Constipation (AOR = 4.32, 95% CI; 2.20, 8.48) and BMI $\geq 25\text{kg/m}^2$ (AOR = 2.6, 95% CI; 1.08, 6.23) had a statistically significant association with hemorrhoid. The overall prevalence of hemorrhoid was high and its prevalence was higher in male subjects. Constipation and being overweight were found to increase the odds of having hemorrhoids. Screening for early identification and intervention of hemorrhoids, especially for risk groups is better to be practiced by health professionals.

Conclusion

Authors found that maximum cases are seen in males as compared to females. Risk factors for hemorrhoids comprised of smoking, alcoholism and lack of physical activity.

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