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Hemorrhoids

• Symptoms – itching, pain, bleeding, protrusion

• External hemorrhoids – asymptomatic unless thrombosed

• Internal hemorrhoids –
  – Bleeding – typically bright red on stool – but not mixed in stool
  – Protrusion – soiling / mucus discharge incarcerated/strangulated
Hemorrhoids

• Pathogenesis
  – Inadequate dietary fiber
  – Prolonged sitting on comode
  – Chronic straining
  – Prolonged sitting (occupational)
  – Medical conditions causing increased venous pressure
    • Pregnancy, ascites, pelvic tumor
Thrombosed Hemorrhoids

- **External** – most common
  - Acute onset anal pain
  - Palpable perianal mass

- **Internal** – far less common
  - Pain
  - Pressure
  - Bleeding
FIGURE 100

Hemorrhoid mass prolapsing into the endoscope (first-degree hemorrhoids).

Hemorrhoid prolapsing through the anus, which slides back spontaneously (second-degree hemorrhoids).

Hemorrhoid that must be replaced manually (third-degree hemorrhoids).

Permanently prolapsed hemorrhoid (fourth-degree hemorrhoids).
Hemorrhoids - treatment

• Medical
  – Sitz baths
  – Increased dietary fiber
  – Stool softener
  – OTC topical agents / suppositories
  – Prescription topical agents / suppositories
    • Anusol / Anusol HC
Hemorrhoids - treatment

• Surgical
  – Sclerotherapy (injection of phenol in oil or hypertonic salt solution causing thrombosis of vessels and sclerosis of connective tissue)
  – Cryotherapy
  – Rubber band technique
  – Bipolar diathermy
  – Direct-current electrotherapy
  – Infrared photocoagulation
  – Surgical excision
Rectal Prolapse (Procedentia)

- Passage (herniation) of a portion or all of rectal mucosa thru external anal sphincter
- **Type I** – false procedentia
  - Partial / mucosal prolapse less than 2 cm long
  - Produces radial folds
- **Type II** – true procedentia
  - Complete / full thickness rectal wall extrusion
  - Extends 2 – 5 cm
  - Produces circular / concentric folds
Rectal Prolapse

• Increased intra-abdominal pressure
  – Chronic constipation, protracted coughing, forceful vomiting
• Diarrheal disease
• Cystic fibrosis
• Malnutrition
• Pelvic floor weakness
Anal Fissure (fissure-in-ano)

- Split in squamous epithelium at or just inside the anal verge (efface anal canal)
- Sharp cutting anal pain with defecation that is relieved in-between defecations
- Sentinel skin tag (sentinel pile) present
- Occurs in midline–posteriorly (90% male and 75% female)
- Predominately noted in young adults
Anal Fissure

• Treatment
  – Sitz baths
  – Topical analgesics
  – Surgery for chronic lesions or intractable pain
  – Diminish resting anal sphincter pressure
    • Nitroglycerin or calcium channel blocking agents
Cryptitis (Papilitis)

• Inflammation of mucosal lining over crypts (passage of hard stools)
• Predisposes to inflammation of anal glands leading to abscess formation and possible eventual fistula formation
• Characterized by
  – Anal pain exacerbated with defecation
  – +/- bleeding and/or pruritis
  – Tender swollen crypts on palpation
Cryptitis

• Treatment
  – Sitz baths
  – Warm rectal irrigation
  – Bulk laxatives
  – Proctofoam HC
Ano-rectal Abscess

- Originates from infected anal glands at dentate line
- Perianal
- Ischiorectal (buttocks)
- Intersphincteric (fluctuance in lumen)
- Supralevator (CT diagnosis)
- Horseshoe / deep posterior anal space
  - bilateral ischiorectal space abscess
Ano-rectal Abscess

• Symptoms – dull aching, throbbing pain worse before defecation and persists between defecations

• Treatment
  – Incision and drainage
  – Antibiotics if
    • Extensive cellulitis
    • Diabetes
    • Valvular heart disease
    • Immunosuppression
Anal Fistula

• Uncommon in general population
  – Anorectal malignancy
  – Leukemia
  – Radiation proctitis
  – Actinomycosis
  – Lymphogranuloma venereum
  – Inflammatory bowel disease (Crohn’s)
Venereal Proctitis

• Characterized by pruritis, discharge, mild – moderate pain or irritation, tenesmus

• Usual etiologies
  – Viral
    • Herpes simplex type 2
    • Human immunodeficiency virus
    • Papillomavirus (condylomata accuminata)
  – Bacterial
    • *Neisseria gonorrhoea*
    • *Chlamydia trachomatis*
    • *Treponema pallidum* (condylomata lata – secondary syphilis)