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Hemorrhoids- A case report and review

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Abstract

Hemorrhoids are a very common anorectal condition defined as the symptomatic enlargement and distal displacement of the normal anal cushions. They affect millions of people around the world, and represent a major medical and socioeconomic problem. We reported a case of hemorrhoids in 52 years old male patient managed surgically with open Milligan- Morgan technique.

Keywords: Anorectal, Hemorrhoids, Milligan- Morgan

Introduction

Hemorrhoids are a very common anorectal condition defined as the symptomatic enlargement and distal displacement of the normal anal cushions. They affect millions of people around the world, and represent a major medical and socioeconomic problem [1]. Multiple factors have been claimed to be the etiologies of hemorrhoidal development, including constipation and prolonged straining. The abnormal dilatation and distortion of the vascular channel, together with destructive changes in the supporting connective tissue within the anal cushion, is a paramount finding of hemorrhoidal disease [2].

This condition is a common ailment among the adults. More than the men and women aged 50 years will experience hemorrhoid symptoms at least once during their lifetime [3]. However, there have been incidences where children and the elderly have also been diagnosed with this condition. Hemorrhoid disease is said to be the fourth leading outpatient gastrointestinal diagnosis, accounting for 3.3 million ambulatory care visits in the United States. Although so common, only around 4% seek medical help [4].

The exact pathophysiology of hemorrhoidal development is poorly understood. For years the theory of varicose veins, which postulated that hemorrhoids were caused by varicose veins in the anal canal, had been popular but now it is obsolete because hemorrhoids and anorectal varices are proven to be distinct entities. In fact, patients with portal hypertension and varices do not have an increased incidence of hemorrhoids [5]. We reported a case of hemorrhoids in 52 years old male patient managed surgically with open Milligan- Morgan technique.

Case report

A 52 years old male patient visited to the general surgery department with severe pain caused by giant thrombosed external hemorrhoids. Patient had inability to defecate due to excessive pain, mild abdominal pain, discomfort and irritation withholding him from walking and sitting. History of bleeding was reported in past but not observed during per rectum examination. His medical history was non- contributory.

The hemorrhoidectomy was planned with open Milligan- Morgan technique was used. General anesthesia was applied, however local anesthetic was injected directly to the hemorrhoids. For appropriate exposure we used Ferguson- Hill retractors. The thrombosed necrotic hemorrhoid was elevated and an incision was carried out to the external skin and anoderm. The hemorrhoid was dissected from the sphincter mechanism and resected. All three quadrants were excised identically. Pedicles were ligated and hemostasis was satisfactory.

A three-day post-operative hospitalization was uneventful. The operation the pain was resolved and the patient passed stool without any complications. Prior to discharge the patient was informed about diet and feeding habits, personal anal hygiene and sitz-baths. Histopathology showed thrombosed hemorrhoids with necrotized tissue. The prognosis was good.

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Discussion

Hemorrhoids are classified as 'internal' or 'external' by where they are located in relationship to the pectinate line, the dividing point between the upper 2/3 and lower 1/3 of the anus. Internal hemorrhoids are located above the pectinate line and are covered with cells that are the same as those that line the rest of the intestines. External hemorrhoids arise below the line and are covered with cells that resemble skin. Hemorrhoids become an issue only when they begin to swell, causing itching, pain and/or bleeding. Internal hemorrhoids or true hemorrhoids are further graded based on the extent to which the tissue descends in to the anal canal ^[6].

In grade I hemorrhoids the mucosa barely prolapses, however, with severe straining, they may be trapped by the closing of the anal sphincter. Subsequently, venous congestion occurs occasionally, resulting in discomfort and/or bleeding ^[7]. 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. We reported a case of hemorrhoids in 52 years old male patient managed surgically. Parks *et al.* ^[8] reported a case of 64-year-old patient admitted to the emergency room due to external thrombosed gangrenous hemorrhoids.

Although hemorrhoids are recognized as a very common cause of rectal bleeding and anal discomfort, the true epidemiology of this disease is unknown because patients have a tendency to use self-medication rather than to seek proper medical attention. Constipation and prolonged straining are widely believed to cause hemorrhoids because hard stool and increased intra-abdominal pressure could cause obstruction of venous return, resulting in engorgement of the hemorrhoidal plexus. Defecation of hard fecal material increases shearing force on the anal cushions. However, recent evidence questions the importance of constipation in the development of this common disorder ^[9]. Ravindranath *et al.* ^[10] 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.

Conclusion

Authors treated a case of hemorrhoids in 52 years old male patient with open Milligan- Morgan technique without any complication.

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