Original Research Paper

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To compare the clinical outcome, incidence and interval of recurrence after conservative versus surgical management of thrombosed external hemorrhoids

General Surgery

KEYWORDS: Thrombosed external hemorrhoids, surgical treatment

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ABSTRACT

Objective: To compare the clinical outcome, incidence and interval of recurrence after conservative versus surgical management of thrombosed external hemorrhoids

Material and Methods: It is a prospective study which was conducted in AIMSR ,Bathinda ,Punjab. The study was carried out randomnly for a period of 6 months with thrombosed external hemaorrhoid . Clearance from the ethical committee was obtained for the study.

Inclusion criteria: patient of both gender male and female between age 18 to 78 years who will present with thrombosed external pile.

Exclusion criteria: all grades of internal hemorrhoids , anal fissures,fistula, anorectal malignancy, or any inflammatory disease, and if the patient did not comply with the treatment.

Conclusion Although most patients treated conservatively will experience resolution of their symptoms, but surgical treatment, i.e,exision of thrombosed external hemorrhoids results in more rapid symptom resolution, lower incidence of recurrence, and more satisfaction with the treatment

Introduction

Hemorrhoids are swollen veins around the anus or lower rectum. External hemorrhoids are located under the skin around the anus .External hemorrhoids occur distal to the dentate line, 2 cm from the anal verge.[10] Hemorrhoids have somatic innervations and cause pain . Blood clot formed in external hemorrhoids leading to thrombosis is called thrombosed external hemorrhoid.[1] Thrombosed external hemorrhoids are extremely painful which may present as tender lump or swelling around the anus.[2] besides this patient may complains of anal itching, discomfort, painful defecation and bleeding from the perforated pile.[3] Constipation or straining at defecationmay predispose thrombosed external hemorrhoid.[4] Among female group pregnancy, post delivery or traumatic delivery seems to be one of the important causes for the develovment of thrombosed external hemorrhoid.[5]Other risk factors like previous anal surgeries, hard stools spicy meal,or use of wet wipe after defecation are also known to cause thrombosed external hemorrhoids.[6][7][8].

It is important to know the etiology and its management as the recurrence rate of thrombosed external hemorrhoids are quite high.[9] Though most of the patients prefer for conservative treatment as they fear surgery and they like to wait and observe their symptoms, but surgical management is the gold standard method of treatment owing to its early pain relief, lesser recurrence rate and better satisfaction of patient.[11][12][13].

Aims and objective: To compare the clinical outcome, incidence and interval of recurrence after conservative versus surgical management of thrombosed external hemorrhoids

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Detail history and clinical examination of each patient was recorded. Two groups were formed for the purpose of study named conservative group and surgical group . Patients were sequential ordered as follows (Conservative group-CG) ,(Surgical group-SG).

Conservative group –This group was treated with conservative management i.e, diet modification , sitz bath, analgesic, stool softner, etc.

Surgical group –In this group, excision of thrombosed external hemorrhoid was done

Patients were assessed after 1st day of the treatment , at 3rd day , 7th day and finally at 30th day of post treatment . Pain relief was noticed with lickert scale where 0 stands for no pain and 5 stand for maximum pain. Follow up was done at 1st month then at 6th month of post treatment.

For each visit symptoms of recurrence i.e TEH lump and pain was noticed with lickert scale where 0 stands for no pain and 5 stands for maximum pain. Healing was defined as complete pain relief with disappearance of thrombosed exteranal hemorrhoids. Disease was termed as recurrence if the thrombosed external hemorrhoid reoccur after 6 months of complete resolution of disease. It did not include patients with chronic continuous symptoms.

Data analysis was done statistically . P value was calculated using chi square test and was considered significant below 0.001. Data was gathered prospectively for the period of 6 months

Observation and result- Median prevalence of TEH in our institute was 12 per month. Mean age of presentation of TEH was 41.08 years. In both the groups there was male predominance .Pain was the main presenting symptom which was present in 96.4% of patients in conservative group and 100% in surgical group, followed by painful lump in perianal region which was present in 82.1% cases in conservative group and 81.8% cases of surgical group. While bleeding lump was present in 21.4 % of conservative group and 27.2 % in surgical group. Most of the patient had constipation at presentation

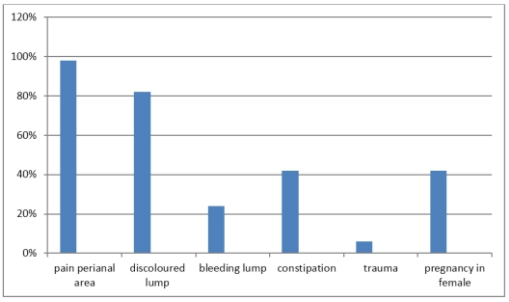
which was present in 39.2% patient in conservative group and 45.4% in surgical group. Perianal itching was present in 21.4 % in conservative group and 27.2 % in surgical group. History of pregnancy and H/O recent delivery was present in 44.4% of female in conservative group and 40% of female in surgical group. (Table1).

Table 1

Characteristics		Conservative group N= 28	Surgical group N = 22
Male n=31(62%)		17(60.7%)	14(63.6%)
Female n=19 (38%)		9 (32.1%)	10(45.4%)
Age – group 18- 70	18- 38 years	18(64.2%)	11(50%)
	39-58 years	7(25%)	7(31.8%)
	59-78years	3(10.7%)	4(18.1%)
Pain peri anal area -49(98%)		27(96.4%)	22(100%)
Discloured/ bluish perianal lump- 41(82%)		23(82.1%)	18(81.8%)
Bleeding from lump -12(24%)		6(21.4%)	6(27.2%)
Constipation -21 (42%)		11(39.2%)	10(45.4%)
Trauma -3(6%)		2(7.1%)	1(4.5%)
Pregnancy/delivery related cause in female patients -8 (42.1%)		4(44.4%)	4(40%)
Pruritis ani -11(22%)		5(21.4%)	6(27.2%)

Total no of patients in both groups = 50

Fig -1
Overall clinical presentation of THE



Excruciating Pain and perianal lump is the most bothering complain for which patient comes to a clinician.

Female patients with h/o pregnancy

Out of 50 patients 19 (38%) patients were females. Out of which 9 (32.1%) females in conservative group and 10 (45.4%) females in surgical group. Among total female patients, 42.1% had history of pregnancy or recent delivery or had h/o trauma.

Fig -2

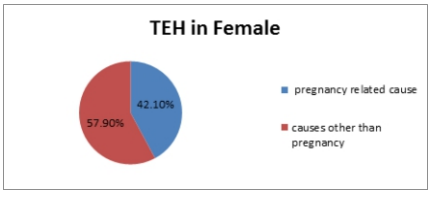


Table -2
Average time for resolution of symptoms

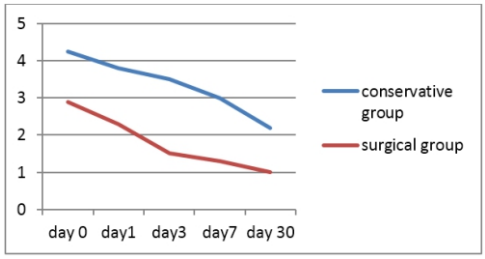
		At day 0	at day 1	At day 3	At day 7	At day 30th
Conservative group	Perianal pain(mean)	4.25	3.8	3.5	3	2.2
	Perianal lump(%)	100	100	100	100	57.1
Surgical group	Perianal pain(mean)	2.9	2.3	1.5	1.3	1
	Perianal lump(%)	0	0	0	0	0

Pain was calculated by likert scale(1 denotes minimum pain , 5 denotes maximum pain)

TEH was managed conservatively in 56% of patients and was managed by surgical excision in 44% of patients.

Mean time of resolution of symptom of pain was 32.4 days in conservative group where as it was 6 days in surgical group ($p < 0.0001$).

Fig-3
Post treatment pain in both the groups



Percentage of patients satisfied with the conservative treatment was 49% and with surgical treatment was 97%

Fig -4 Satisfaction of patients with the treatment

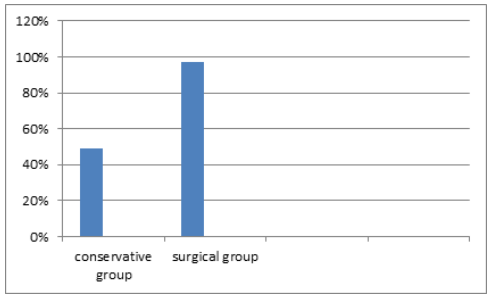
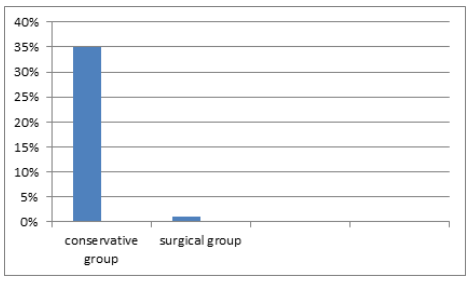


Fig -5
Recurrence rate of THE



Mean follow up was 6 months. Recurrence rate of disease in conservative group was 35% whereas it was 1% in surgical group.

Discussion:

Benign anal diseases like hemorrhoids are commonly faced problem for which patient seeks for clinician.[14] There are many documented risk factors for TEH , but etiology of thrombosed external hemorrhoids is not properly known.[15] Although TEH can be found at any age , but it is more common in younger patients. [4][12] In our study mean age of TEH is 41 years like other studies .In our patients incidence is slightly higher in male group.[4][12] In our study Perianal pain is the most common presenting complain along with perianal bluish discoloured lump. Like other studies , our patients were benefited more from surgical treatment especially if treated within first seventy two hours.[10][17] Some of the complications of surgery are post operative bleed per rectum, painful defecation and retention of urine., abscess and fistula.[18][19]. But in our studies only 17% painful defecation and post operative temporary retention of urine were noted for 1 day. Previous studies shows there is rapid relieve of symptoms, lower incidence of recurrence, and longer remission of interval.[3] our studies also shows that though most of the patients wish for conservative treatment initially, but surgically treated

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patients shows better satisfaction in term of early relief of symptoms, lesser requirement of analgesics , lower incidence of recurrence and longer duration of remission. In our study recurrence rate was 1% in surgical group and was 35% in conservative group at 6th month of follow up.

Conclusion

Although most patients treated conservatively will experience resolution of their symptoms, but surgical treatment, i.e,exision of thrombosed external hemorrhoids results in more rapid symptom resolution, lower incidence of recurrence, and more satisfaction with the treatment

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