



## A Retrospection on Haemorrhoides

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**ABSTRACT**

*"PILES" or "Haemorrhoides" is an affliction of modern era. There has been various postulates for its occurrence such as congenital, acquired causes. "Virchows Triad" is apt for its occurrence. The various factors affecting the vessel valve, lumen and viscosity of blood, Dietary factors, fast foods, refined diet and absence of fibre intake, obesity etc. could be contributing factors. There appears to be a left sided occurrence of haemorrhoides as compared to the right. 2 and 5'0 clock positions akin to varicocele occurring on left side with possibility of increased pressure on left side veins compared to right sided veins and added to it pressure of loaded sigmoid colon on veins. These are managed by sclero therapy, laser coagulation, banding or surgery. Surgery appears to be the best option for cure.*

**KEYWORDS :**

**INTRODUCTION:**

Haemorrhoides occur as a result of increased hydrostatic pressure in venous plexus. The contributing factors are raised intra abdominal pressure, pregnancy, paucity of valves, defective valves, defect in vessel valve. They can be external, internal, thrombosed, prolapsed and strangulated entities presenting as acute cases.

Conservative management consists of relief of pain with analgesics, bulk laxatives and food softness. Stop the bleeding with Dafflon, sitz bath to relax the sphincters and appropriate management depending on stage of haemorrhoides.

**MATERIAL AND METHODS:** This retrospective study was conducted and the study included 100 patients in age group 20 to 70 yrs. 70 were female and 30 were male. 80 of the patients had grade III or grade IV haemorrhoides.

**EXCLUSION CRITERIA:**

1. Extremes of age
2. Haemorrhoides secondary to carcinoma colon.
3. Haemorrhoides secondary to portal hypertension.

| AGE     | FEMALE | MALE | GRADE             | PROCEDURE           |
|---------|--------|------|-------------------|---------------------|
| 20 - 30 | 2      | 1    | Grade I & Gr III  | Sclerotherapy       |
| 31 - 40 | 5      | 9    | Grade II & Gr III | Banding / & surgery |
| 41 - 50 | 37     | 5    | Grade III & Gr IV | Surgery             |
| 51 - 60 | 20     | 7    | Grade III & Gr IV | Surgery             |
| 61 - 70 | 6      | 8    | Grade III & Gr IV | Surgery             |

**METHODOLOGY:**

They were advised to change their lifestyle. Conservative management for those once they visited OP. Sodium tetradecyl sulphate was injected into veins for sclerotherapy in Grade I haemorrhoids. Patients with Grade II underwent banding. Surgery included Lords dilatation with excision of haemorrhoids by dissection ligation method under spinal anaesthesia.

**OBSERVATION AND RESULTS:**

There was evidence of recurrence in sclerotherapy and banding therapy. There was recurrence after 6 months to 1year period in case of sclerotherapy and banding. The Gold standard appears to be surgery with complete cure and no recurrence.

**REFERENCES**

1. Short text book of surgery: Bailey and love. | 2. Manual of surgery: Dr S.R. Bhat. | 3. Text book of operative surgery: Farquharson. |