**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 randomly for a period of 6 months with thrombosed external hemorrhoids. 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. All grades of internal hemorrhoids, anal fissures, fistula, anorectal malignancy, or any inflammatory disease, and if the patient did not comply with the treatment.

**Exclusion criteria:**
- All grades of internal hemorrhoids, anal fissures, fistula, anorectal malignancy, or any inflammatory disease.
- 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., excision 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. Hemorrhoids have somatic innervations and cause pain. Blood clot formed in external hemorrhoids leading to thrombosis is called thrombosed external hemorrhoid. Thrombosed external hemorrhoids are extremely painful which may present as tender lump or swelling around the anus. Besides this patient may complain anal itching, discomfort, painful defecation and bleeding from the perforated pile. Constipation or straining at defecation may predispose thrombosed external hemorrhoid. Among female group pregnancy, post delivery or traumatic delivery seems to be one of the important causes for the development of thrombosed external hemorrhoid. Other risk factors like previous anal surgeries, hard stools spicy meal, use of wet wipe after defecation are also known to cause thrombosed external hemorrhoids.

It is important to know the etiology and its management as the recurrence rate of thrombosed external hemorrhoids are quite high. 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.

**Aims and 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 randomly for a period of 6 months with thrombosed external hemorrhoids. Clearance from the ethical committee was obtained for the study.

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**Observation and result:**

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 stand for maximum pain. Follow up was done at 1st month then at 6th month of post treatment.

**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.
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

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Conservative group</th>
<th>Surgical group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male n=31(62%)</td>
<td>17(60.7%)</td>
<td>14(63.6%)</td>
</tr>
<tr>
<td>Female n=19 (38%)</td>
<td>9(32.1%)</td>
<td>10(45.4%)</td>
</tr>
<tr>
<td>Age – group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18- 38 years</td>
<td>18(64.2%)</td>
<td>11(50%)</td>
</tr>
<tr>
<td>39-58 years</td>
<td>7(25%)</td>
<td>7(31.8%)</td>
</tr>
<tr>
<td>59-78 years</td>
<td>4(10.7%)</td>
<td>4(18.1%)</td>
</tr>
<tr>
<td>Pain per anal area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-49(98%)</td>
<td>27(96.4%)</td>
<td>22(100%)</td>
</tr>
<tr>
<td>Discoloured/ bluish perianal lump-</td>
<td>23(82.1%)</td>
<td>18(81.8%)</td>
</tr>
<tr>
<td>Bleeding from lump</td>
<td>6(21.4%)</td>
<td>6(27.2%)</td>
</tr>
<tr>
<td>Constipation</td>
<td>11(39.3%)</td>
<td>10(45.4%)</td>
</tr>
<tr>
<td>Trauma</td>
<td>3(0.7%)</td>
<td>1(4.5%)</td>
</tr>
<tr>
<td>Pregnancy/delivery related cause in female patients</td>
<td>4(44.4%)</td>
<td>4(40%)</td>
</tr>
<tr>
<td>Pruritis ani</td>
<td>5(21.4%)</td>
<td>6(27.2%)</td>
</tr>
</tbody>
</table>

Total no of patients in both groups = 50

**Fig - 1**
Overall clinical presentation of TEH

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.

**Table -2**

<table>
<thead>
<tr>
<th>Average time for resolution of symptoms</th>
<th>At day 0</th>
<th>At day 1</th>
<th>At day 3</th>
<th>At day 7</th>
<th>At day 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conservative group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perianal pain(mean)</td>
<td>4.25</td>
<td>3.8</td>
<td>3.5</td>
<td>3</td>
<td>2.2</td>
</tr>
<tr>
<td>Perianal lump(%)</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>57.1</td>
</tr>
<tr>
<td>Surgical group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perianal pain(mean)</td>
<td>2.9</td>
<td>2.3</td>
<td>1.5</td>
<td>1.3</td>
<td>1</td>
</tr>
<tr>
<td>Perianal lump(%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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 symptoms 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. There are many documented risk factors for TEH , but etiology of thrombosed external hemorrhoids is not properly known. Although TEH can be found at any age , but it is more common in younger patients. In our study mean age of TEH is 41 years like other studies .In our patients incidence is slightly higher in male group. 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. Some of the complications of surgery are post operative bleed per rectum, painful defecation and retention of urine, abscess and fistula. 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. our studies also shows that though most of the patients wish for conservative treatment initially, but surgically treated
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, excision of thrombosed external hemorrhoids results in more rapid symptom resolution, lower incidence of recurrence, and more satisfaction with the treatment.

**References:**