



**ORIGINAL RESEARCH PAPER**

**General Surgery**

**GRADE ONE AND GRADE TWO HEMORRHOIDS: NATURAL HISTORY OF DISEASE**

**KEY WORDS:** Grade I hemorrhoids, Grade II hemorrhoids,

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**ABSTRACT**

Haemorrhoids are a common surgical condition of anorectal area resulting in significant subjective discomfort. Three haemorrhoidal cushions are found in left lateral, right anterior and right posterior position (3, 7, 11) O clock position (1,2) It has been projected that about 50% of the population would have haemorrhoids at some point in their life probably by the time they reach the age 50, and approximately 5% population suffer from haemorrhoids at any given point of time ("Executive Summary -The Association of Colon & Rectal Surgeons of India (ACRSI) Practice Guidelines for the Management of Haemorrhoids—2016") In the united states symptomatic hemorrhoidal disease range from 10 million people (4.4%) prevalence rate (3) to 23 million people (12.8% prevalence rate) in nation centre for health statistics report, (4). Aim of article is to study the natural history of disease i.e age distribution of disease, gender distribution of disease, food habits of presenting patients, bowel habits of presenting patients, symptomatology of hemorrhoids and number of hemorrhoids at the time of presentation in tertiary care centre.

**INTRODUCTION**

Haemorrhoids are a common surgical condition of anorectal area resulting in significant subjective discomfort. Very few people do not suffer from symptoms of haemorrhoids, and only few reports to their doctor before having resorted to self-medication with proprietary preparations<sup>1</sup>. Three haemorrhoidal cushions are found in left lateral, right anterior and right posterior position (3, 7, 11) O clock position.<sup>(1,2)</sup> When there is downward disruption of anal cushions occurs, haemorrhoids develop. Types of haemorrhoids are internal (above dentate line covered by mucous membrane) external haemorrhoids (below dentate line covered by skin). The common ano-rectal complaints from the patients suffer from haemorrhoidal disease include bleeding, protrusion, discharge, discomfort. The common therapies available for grade one and grade two haemorrhoids on outpatient department basis are infrared coagulation, bipolar diathermy, direct current therapy, cryotherapy, etc. we have studied the natural history of disease.

**MATERIAL AND METHODS:**

Approval for the study was taken from the college ethical committee and written Informed consent from the scheduled participant was taken after explaining the need and importance of the study prior to filling of the patient's study proforma.

**Study Place:** The study was conducted at tertiary care centre in government setup.

**Study Population:** Patients of all age group, having hemorrhoids attending General Surgery OPD in 2017 - 18.

**3. Study Design:** disruptive study

**4. Sample Size:** n = 120

**5. Study Period:** November 2017 to October 2018.

Data were analysed using IBM SPSS advanced statistics version 29 (SPSSInc.Chicago, IL). Statistical methods consisted of descriptive analyses of clinicopathological features.

**OBSERVATIONS**

**Table No. 1: Age Distribution**

Serial no	Age in Years	Frequency. (%)
1.	<25	23 (19.2)
2.	26-35	37 (30.8)
3.	36-45	20 (16.8)
4.	46-55	18 (15)
5.	56-65	13 (10.8)
6.	66-75	7 (5.8)
7.	> 76	2 (1.7)

Patients in this study had age ranging between 15 years to 80 years. The highest frequency of haemorrhoids occurred between 26 -35 years of age.

**Table No.2: Gender Distribution**

Serial No.	Study Group	Gender		Total No. (%)
		Male (%) (n = 60)	Female (%) (n = 60)	
1.	Band Ligation	50 (41.7)	10 (8.3)	60 (50)
2.	Sclerotherapy	45 (37.5)	15 (12.5)	60 (50)
	Total	95 (79.2)	25 (20.8)	120 (100)

Male :female = 3.8 : 1.

**Table No. 3: Food habits of presenting patients**

Serial No.	Food Habits	Total No. (%)
1.	Vegetarian	24 (20)
2.	Predominantly Non-Vegetarian	20 (16.7)
3.	Mixed	76 (63.3)
	Total	120 (100)

( $\chi^2 = 2.177$ ; df=2; P Value=0.337)

Out of total study subjects, 63% had mixed food habits, 20% were vegetarian and 16.7% were non vegetarian.

**Table 4: Bowel Habits**

Sr. No.	Bowel Habits	Total No. of Patients	Percentage %
1	Normal	39	32.5

2	Diarrhoea	0	0
3	Constipation	81	67.5
	Total	120	100

In the study groups 81 (62.50%) patients had constipation and 39 (32.50%) of patients had normal bowel habit .

**Table No. 5: Data showing number of haemorrhoids in presenting patients.**

1.	One	63 (52.5)
2.	Two	47 (39.2)
3.	Three	10 (8.3)
	Total	120 (100)

( $\chi^2 = 2.785; df=2; PValue=0.248$ )

(52.5) of the study participant were having only one haemorrhoid, while 39.2% were having two, and by 8.3 % having 3 haemorrhoid.

**DISCUSSION**

The present study was conducted in the Department of General Surgery in a tertiary health care centre between October 2017 and October 2019. The discussion is based on 120 patients who underwent treatment for Grade-I and Grade-II haemorrhoids.

In the present study as demonstrated in Table 1 highest incidence was seen between ages 26-35 with patient enrolled ranging from 15 to 80 years. Similar findings were seen in the studies conducted by Johansson et al<sup>(1)</sup> (n=500) and Haas et al(n=594) where highest incidence was seen in the second and third decades of life. On the other hand studies conducted by Ayman M El Nakeeb et al<sup>(6)</sup> and Riss et<sup>(6)</sup> al (N=380) showed highest incidence of haemorrhoids in the third and fourth decade of life.

As indicated in Table 2, in our study male preponderance (M=95,F=25) with a male: female ratio of 3.8:1. was seen. This correlated with studies conducted by Ayman M El Nakeeb et al<sup>(6)</sup> (n= , M:F::5.1:1) and Keighley et al<sup>(7)</sup>(n= , M:F::2.5:1). However study conducted by Riss S et al<sup>(6)</sup>(n=380) showed equal sex distribution.

63.3% patients of mixed dietary habit was suffering from hemorrhoids. spicy foods and alcohol intake have been implicated in the development of internal hemorrhoidal disease. There is no scientific evidence that a spicy meal based on red hot chili pepper may worsen hemorrhoidal symptoms<sup>(8)</sup>. FA, Najar & Faisal, Mohd<sup>(9)</sup> have similar results in study they found 6.80% patients were vegetarian and 93.19% were having mixed dietary habits.

It is generally believed that constipation and prolonged straining can cause hemorrhoids, as hard stools and increased pressure in the abdomen and will cause obstruction of venous return, resulting in blockage of the hemorrhoidal plexus<sup>[1]</sup>. The passage of hard stool causes a strong shear force on the rectum. However, recent evidence questions the importance of constipation in the development of this disease <sup>[1,2,3]</sup> in our study we found 67.5 % of patients having constipation. FA, Najar & Faisal, Mohd<sup>(9)</sup> have similar results in study they found 73.65% patients were constipated.

**CONCLUSION:**

Haemorrhoid's is more common in male population with incidence of haemorrhoids is more in the third and fourth decade of life. With low association of dietary habits with incidence. and direct association with constipation.

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