Anorectal Disease: Show and Tell

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Commonly seen Anorectal Disease

- Hemorrhoids
- Anal fissures
- Abscesses
- Pruritus
- Fistulae
- Fecal incontinence
Hemorrhoids by the numbers

- 50% of Americans with symptomatic hemorrhoids by the age of 50.
- 10-20 million Americans have active hemorrhoids (4 – 5% prevalence rate).
- >$250 mil spent annually on OTC products.
- More than 120,000 hemorrhoidectomies per year. Many are unnecessary.
- 1.5 million colonoscopies are done each year. 15 – 20% reveal hemorrhoids as cause of bleeding.

Hemorrhoids

- Enlarged vascular cushions in the anal canal (connective tissue and A-V communications)
- Usually found in left lateral, right anterior, and right posterior (3, 7, and 11 o’clock) positions
- Part of the venous drainage of the anal canal
- May have a role in the maintenance of continence, contributing to 15-20% of resting anal pressure.
Etiology

- Straining
- Constipation
- Prolonged lavatory sitting
- Pregnancy, ascites, liver cirrhosis, FH
- Abnormal dilatation of venous plexus
- Prolapse of the soft tissue cushions
- Increased anal sphincter pressure

courtesy of CRH O'Regan system Vancouver BC
**Classification**

*Dentate line*
- External hemorrhoids are distal to this
- Internal hemorrhoids are proximal

*Golligher’s classification*
- $1^\circ$ - Bleeding but no prolapse
- $2^\circ$ - Prolapse reduces spontaneously
- $3^\circ$ - Prolapse requires manual reduction
- $4^\circ$ - Prolapse cannot be reduced manually
Patient may complain of:

- Painless bleeding during BM (IH)
- Itching or irritation (EH)
- Pain or discomfort (mild vs. severe)
- Hemorrhoids protruding from anus
- Swelling around anus
- A sensitive or painful lump near anus
- Leakage of feces

Diagnosis

- History
- Inspection of the perineum
- Rectal examination: anoscopy or flexsig
- This helps to exclude skin tags, anal warts, fissures, fistulas, tumors, polyps, and prolapse.
- Patients > age 40 with suspected hemorrhoidal bleeding or anemia should undergo colonoscopy
Internal hemorrhoids on retroflexion
Prolapsed Internal Hemorrhoids

Ulcerated/Thrombosed Hemorrhoids
Acute prolapsed circumferential internal and external hemorrhoids

Rectal Prolapse
Chronically thrombosed Internal/External Hemorrhoid

Ischiorectal Abscess
Condyloma/HPV

Prolapsed, possibly thrombosed internal hemorrhoids
Thrombosed External Hemorrhoid

Painful!

Thrombosed External Hemorrhoids

- Acute rectal pain and mass.
- Associated with heavy lifting, straining, sitting, diarrhea.
- Anal sphincter spasm.
- Rx warm baths, stool softeners, Lidocaine ointment, analgesics, supine position, NTG, or calcium channel blocker ointment.
- I & D best done within first 48 - 72 hrs. for severe pain.
- Up to 50% will experience further hemorrhoid problems. After acute episode resolves proceed with anoscopy and banding.
Nonoperative Treatment Options

- Rubber band ligation,
- Infrared photocoagulation,
- Injection sclerotherapy,
- Bipolar diathermy,
- Cryotherapy,
- Sphincterotomy,
- Anal Dilation ("Lord’s Stretch")
- Hemorrhoidectomy

Rubber Band Ligation

Rubber band ligation relies on the tight encirclement of redundant mucosa, connective tissue, and blood vessels in the Hemorrhoidal complex (at least 2 cm above the dentate line).
CRH Banding – In Office

courtesy of CRH O'Regan system Vancouver BC

ShortShot Saeed Hemorrhoidal Multi-Band Ligator
Rubber Band Ligation

Initial appearance

Rapidly becomes ischemic

Tissue sloughs

Photos courtesy of Neal Osborn, MD, MSc

Scars after 2 bandings with resolution of associated hemorrhoids
Rubber Band Ligation

Complications

- pain, reported in 5%–60% (managed with sitz baths and over-the-counter analgesics)
- abscess, urinary retention, band slippage
- Necrotizing pelvic sepsis is a rare complication (severe pain, high fever and urinary retention)
Sclerotherapy

- first described in 1869 by Morgan in Dublin.
- for first- or second degree hemorrhoids

A submucosal injection of 5 mL of either:
- 5% phenol in oil,
- 5% quinine and urea, or
- Hypertonic (23.4%) saline

Solution at the base causes thrombosis, sclerosis, shrinkage and fixation of overlying mucosa

Sclerotherapy

Complications:
- Pain is reported in 12%–70% of patients
- Impotence, urinary retention, and abscess reported
- In one study, hemorrhoidal symptoms recurred in about 30% of patients 4 years after initially successful sclerotherapy
Infrared Photocoagulation

- focuses energy from a tungsten-halogen lamp
- Probe tip must touch the hemorrhoidal tissue at its base
- 0.5- to 2-second pulses of energy are delivered
- Multiple hemorrhoids can be treated
- The depth of tissue injury is about 2.5 mm

Infrared Photocoagulation

- According to 2 randomized studies, bleeding was successfully controlled in 67%–96% of patients with first- or second-degree hemorrhoids.
- Complications, including pain and bleeding, are uncommon
Infrared Coagulation

Light That Shines
Where the Sun Doesn’t

Hemorrhoid Treatment
Made Quick and Easy

Internal hemorrhoids can cause bleeding and discomfort. What an asymptomatic hemorrhoids require treatment, your patient deserves a solution that is safe, effective, fast, and well tolerated. The Redfield IRC2100 minimally invasively coagulates hemorrhoids with less pain and fewer complications than any other option. The IRC2100 is easy to learn and use. The procedure takes only seconds to perform in the office, and it is covered by both Medicare and private insurers.

To learn more about the IRC2100 please visit us at
www.IRC2100.com
or call 800-678-4472

- Meta-analysis of five trials, n=863
- Results: similar numbers of patients were asymptomatic 12 months after treatment, regardless of initial therapy
- RBL: group required fewer additional treatments
- IS: higher incidence of post-treatment discomfort
- IRC: fewer and less severe complications

Am J Gastroenterol. 1992 Nov;87(11):1600-6
**Hemorrhoid Prevention**

- Add fiber to prevent constipation and diarrhea
- Drink lots of water
- Do not ignore the urge to go
- Do not strain
- Limit time on commode to two minutes
- Remove the library from the bathroom

**Anal Fissures**

- A linear tear in the anoderm caused by passage of hard stool, diarrhea, straining, sitting too long.
- Most often found in posterior midline, less commonly anterior midline.
- Ischemic component – poor blood supply to posterior midline, worsened by sphincter spasm.
- Deep fissures expose underlying internal sphincter.
- Sharp pain on BM
- Associated hemorrhoids are common.
Anal Fissure

You will NOT see every anal fissure!
- Tenderness in midline (posterior >>>> anterior)
- Presence of inflammatory tissue or healing scar
- A “rough” area surrounded by smooth tissue in midline
- Sentinel tag

If patients have multiple fissures including those not in midline, rule out other processes (Crohn’s?, AIDS?)
Anal Fissure Rx

• Fiber (15 – 20 gm/day), increase fluid intake, limit time on commode, no straining, sitz baths.
• NTG ointment, 0.125%. Typically takes 4-6 weeks to heal, continue Rx 2-3 more months!
• 2% Diltiazem, 0.5% Nifedipine are alternatives.
• Botox effective but expensive.
• Surgery is effective but has up to a 10% incontinence rate (most studies report 2 – 4%).

Pruritus Ani
Pruritus Ani

- Chronic itching and rash around the anus.

Many causes:
- Leakage of stool and mucous leading to inflammation of skin, dermatitis.
- Hemorrhoids, fissures, and poor hygiene may lead to itch.
- Fungal infections may occur, more common in DM.
**Pruritus Ani**

- Contact dermatitis from soap, perfumes, dye in toilet paper, or hemorrhoid creams or wipes.
- Citrus fruits, grapes, tomatoes, spices, beer, milk, tea, or coffee may exacerbate condition.
- Laxatives, colpermin, and antibiotics may cause itch.

Keep area clean and dry at all times. Loose pants and cotton underwear. Balneol and Lotrimin or Lotrisone Rx. Band hemorrhoids and treat fissure if present.

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**Perirectal Abscess**

- Caused by infection of mucus-secreting anal glands.
- Perianal, Ischiorectal, Intersphincteric, supralelevator.
- Tender mass at anal verge or on rectal exam.
- Fistula in ano may develop.
- Refer to surgery for incision and drainage
Perirectal Abscess

Perianal Abscess
Ischiorectal Abscess

Fistulae
Fistulae

Fecal Incontinence: Injectable Gel

- Solesta is a biocompatible, injectable gel consisting of dextranomer microspheres in stabilized hyaluronic acid
- Indicated for the treatment of fecal incontinence in patients 18 years and older who have failed conservative therapy
Administration of Solesta

- In office procedure (or hospital outpatient)
- No anesthesia required
- Four 1-mL sub mucosal injections 5mm above the dentate line via anoscope

Summary:

- In-office treatment of hemorrhoids safe and effective. Very few patients actually need surgical intervention.
- Ligate one hemorrhoidal column per visit to minimize complications.
- Perform an ANO-rectal examination in order to properly evaluate patient.
- You don’t always see anal fissures – make this a clinical diagnosis.
- Aggressively treat fissures (diet, behavior, NTG)
- Hemorrhoids don’t hurt. Look for other causes
“THE END”