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A Prospective Clinical Study of Anorectal Disease at M.G. Hospital Bhilwara Rajasthan

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Abstract

Background – Anorectal disorders include a diverse group of pathologic disorders that generate significant patient discomfort and disability.

Methods- Hospital prospective based study conducted in Department of General Surgery M.G. Hospitals, Bhilwara. 50 patients reporting to the Surgery department within study duration and eligible as per inclusion criteria were included in the study.

Results- Hemorrhoids was the most common incidence of diagnosis (54%), 14% patients had anal fistula, 10% patients had anal fissure, 10% patients had rectal prolapsed, 8% patients had abscess, while 2% each patients had rectal polyp and other various conditions.

Conclusion- The most common anorectal disease affecting the population is hemorrhoids, of which internal hemorrhoids are seen more commonly.

Keywords- Hemorrhoids, Fistula, Fissure, Anorectal Disease, Pathologic Disorders.

Introduction

Anorectal disorders include a diverse group of pathologic disorders that generate significant patient discomfort and disability. Although these are frequently encountered in general medical practice, they often receive only casual attention and temporary relief.

Diseases of the rectum and anus are common phenomena. Their prevalence in the general population is probably much higher than that seen in clinical practice, since most patients with symptoms referable to the anorectum do not seek medical attention.

As doctors of first contact, general (family) practitioners (GPs) frequently face difficult questions concerning the optimum management of anorectal symptoms. While the examination and diagnosis of certain anorectal disorders can be challenging, it is a matter of concern that the physical examination of the anorectum is often inadequately performed in general clinical practice.

The diagnosis and management of hemorrhoids, fissures, and pruritus ani, account on rough estimates, for more than 81% of the complaints centering around this part of the human anatomy¹.

Material And Methods

Study design: Hospital prospective based study.

Study place: Department of Surgery, M.G.Hospital, Bhilwara

Study population: All patients with anorectal disease.

Sample size: All patients reporting to the Surgery department within study duration and eligible as per inclusion criteria were included in the study.

Sampling Method: Convenience sampling

Inclusion Criteria:

Patients attending the surgical OPD with anorectal disease.

Exclusion Criteria

- Pregnant Women
- Terminally ill cancer patients.

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• Pediatric age group

Data Collection

Data were collected from under study population through a pretested and semi-structured schedule, which was designed in such a manner that more information regarding demographic profile, risk factors, morbidity and diagnosis could be collected. Reasons for the study were explained to the patients; prior to interview a written consent was taken. Diagnosis was made on the basis of clinical findings and anorectal examination, digital examination, proctoscopy and other investigations required as per the case. Anorectal examinations were perform under the supervision of qualified surgeons

Data Analysis

To collect required information from eligible patients a pre-structured pre-tested Proforma was used. For data analysis Microsoft excel and statistical software SPSS was used and data were analyzed with the help of frequencies, figures, proportions, measures of central tendency, appropriate statistical test.

Results

Age	Group	No. of Cases	Percentage
(Years)			
21-30		9	18.0
31-40		16	32.0
41-50		10	20.0
>50		15	30.0
Total		50	100

According to above table, most common age group in our study was 31-40 years (32%) followed by >50 years (30%), 41-50 years (20%) while least common age group was 21-30 years of age group where total 18% patients were found.

Table 2.Distribution of Cases according to gender

Gender	No. of Cases	Percentage
Female	14	28.0
Male	36	72.0
Total	50	100

In present study, male predominance over females where

72% were males and only 28% were females.

Table 3Distribution of Cases according to dietary habits

Dietary Habit	No. of Cases	Percentage
Vegetarian	15	30.0
Non Vegetarian	35	70.0
Total	100	100

According to dietary habit, majority of patients were non vegetarian where only 30% patients were vegetarian. Table 4 Frequency of incidence of diagnosis of various conditions

Various	No. of Cases	Percentage
Conditions		
Abscess	4	8.0
Anal Fissure	5	10.0
Anal Fistula	7	14.0
Hemorrhoids	27	54.0
Rectal Prolapse	5	10.0
Rectal Polyp	1	2.0
Others	1	2.0
Total	50	100

We observed that Hemorrhoids was the most common incidence of diagnosis (54%), 14% patients had anal fistula, 10% patients had anal fissure, 10% patients had rectal prolapsed, 8% patients had abscess, while 2% each patients had rectal polyp and other various conditions.

Discussion

Present study was conducted in the department of General Surgery, M.G. Hospitals, Bhilwara. This was a prospective hospital based study. 50 cases were selected either from OPD or patients having anorectal disease.

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In agreement with previous research, this study found a lack of knowledge of benign anorectal disorders among nonsurgical specialties. Moreover, we provide evidence that clinical symptoms have a greater influence on diagnostic accuracy for this pathology than years of clinical experience. Training in the diagnostic approach to benign anorectal pathology among physicians is therefore warranted including clinical symptoms and clinical images because both are important for diagnostic accuracy in these disorders.

In present study, most common age group was 31-40 years (32%) and rest 30% cases had their age 21-30 years. Similar observations was also found by Yadav et al¹⁰⁰ where they found that 82% of patients were in between age group 30-40 years. Similar observations was also observed by Ankouane et al².

As per age group, out of 65 patients 42 belonged to the age group of 15-70 years, this justifies the fact that the anal fissures are more common in younger and middle aged persons. In young and middle aged persons muscles are toned and this tonicity resists the passage of hard stool and will result in the formation of fissure and may be due to this reason fissures are rare in aged persons due to muscular atony³.

A study done by Johanson and Sonnenberg revealed that symptoms increase with age and most commonly occur between the age group of 45-65 years⁶. Goligher revealed that anal fissure is usually encountered in young and middle age adults and it has no gender predilection.

Our study is male predominance where male to female ratio was 3.1:1. These results are also consists with results of Yadav et al where in their study out of total 94 patients, 72 males and 22 females.

Similar observations were also observed by Khan et al 76.20% (317) were males and 23.80% (99) were females. It is mentioned that anal fissures develop with equal

frequency in both sexes³ and according to our data frequency of anal fissure is more in males than females. The reason of this may be due to the higher attendance of male patients in NIUM hospital, or it may be due to that the females are too shy to talk about or to consult the physician for anorectal disorders.

Hemorrhoids accounted for 54% of anus diseases in our study and were primarily internal. They are manifested by bleeding and/or anal prolapse for internal hemorrhoids and painful thrombosis and the sensation of anal swelling for external hemorrhoids. The mean age of patients was 41.9 years and male dominance was the rule with a male-female sex ratio of 2.9:1. This result is similar to the one reported previously in our country by Ndam et al⁴, in a retrospective study that included 720 patients explored by lower endoscopy, the anal lesions found were mainly hemorrhoids (39.4%). Several epidemiological studies in West⁵ and in Sub-Saharan Africa found similar results. A study from Côte d'Ivoire by Mahassadi et al⁶ aimed at determining the characteristics of anus diseases in 136 patients attending the proctology unit.

Conclusion- The most common anorectal disease affecting the population is hemorrhoids, of which internal hemorrhoids are seen more commonly.

References

- Longo D.L. Fauci A.S. Harrison's principles of Internal Medicine. 18th edition. Mc Graw Hill ; 2012: 2969.
- Ankouane F, Kowo M, Biwole Sida M, Tzeuton C, Ndjitoyap N. Anus diseases in proctology consultation in the Yaounde university teaching hospital (Cameroon): Male predominance, taboo and Neglected disease. Austin J Gastroeinterol 2015; 2(5):1-5.

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- Sagap I, Remzi FH, Controversies in the treatment of common anal problems. World Journal of Gastroenterology 2006; 12:3146-3154.
- Ndjitoyap Ndam EC, Njoya O, Mballa E, Nsangou MF, Njapom C, Moukouri Nyolo E et al. Apport de l'endoscopie dans la pathologie digestive basse en milieu camerounais étude analytique de 720 examens. Med Afr Noire.1991; 38:835-41.
- Bouchard D, Pigot F. Douleurs proctologiques aiguës. Hépato-Gastro & oncologie digestive. 2011 ; 18:156-165.
- Mahassadi KA, Soro KG, Kouakou B, Anzoua KI, Bangoura DA. Les affections colo-proctologiques et leurs déterminants au CHU de Yopougon (Côte d'Ivoire). Rev int sc méd. 2012; 14: 73-77.