Common Anorectal Disorders

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Introduction

• Symptoms
  • Pain – Both defecatory and constant pain
  • Hematochezia
  • Pruitis Ani
  • Palpable tissue – Hemorrhoids both internal and external and prolapsed rectum
  • Proctalgia Fugax
  • Incontinence
Introduction

• Disorders
  • Anal Fissures
  • Hemorrhoids
    • Internal
    • External
  • Fecal Incontinence
  • Pruritis Ani
  • Proctalgia Fugax and levator Syndrome
Anal Fissures

Background
- Common, especially in the young
- 90% posterior – Beware of atypical locations

Symptoms
- Pain. With or right after defecation.
- Hematochezia

Diagnosis
- History
- Exam – use anoscope
- “Anal Fissure Triad”
Anal Fissures

• Treatment
  • Address Constipation – Polyethylene Glycol, or fiber
  • Topical Vaseline
  • Topical Nitroglycerin
    • .125-.2% Nitroglycerin – Pea-sized amount 2-3 times per day for 3 months!
    • Side effects are Headaches, and lightheadedness. Make sure not on Phosphodiesterase inhibitors
    • Apply with Gloves
  • Topical Diltiazem
    • Topical 2% ointment applied Tid to BID
  • Other
    • BoTox
    • Surgical referral
Hemorrhoids

Internal and External – Normal

Internal Hemorrhoid Classification
Grade 1 – Visible on anoscopy
Grade 2 – Protrude with BM, spontaneously reduce
Grade 3 – Protrude, need manual replacement
Grade 4 – Protrude, Not reducible

Thrombosis – Acute swelling and Pain
Hemorrhoids

Symptoms

- Bleeding – Bright red, usually with bowel movements

- Pain – With thrombosis, but also less severe discomfort with protrusion
  But RARE with defecation!

- Pruritis – Secondary to hygiene difficulties, mucus deposits etc

- Fecal leakage

- Protrusion
Hemorrhoids

Diagnosis

- History

- Physical exam
  - Anoscopy
  - Flex sig. vs colonoscopy – rarely needed
  - External vs Internal
Hemorrhoids Treatment

External
  Leave alone if at all possible

Internal
  - Address constipation
  - Toilet Training! – Avoid straining and prolonged Toilet sitting
  - Banding
  - Suppositories – Hydrocortisone, witch Hazel, Sitz baths etc
  - Surgical
Pruitis Ani

- Dermatologic – Itching or burning
- More common in Men than women

- Primary Causes:
  - Psoriasis
  - Atopic Dermatitis
  - Seborrheic Dermatitis
  - Lichen Planus
  - **Candida**
  - Pin Worm (Enterobius Vermicularis)
  - Anal Intraepithelial Neoplasia

- Secondary Causes:
  - Fecal contamination
  - Hemorrhoids, hygiene (too much and too little)
  - Contact Dermatitis – Soaps, Bleach etc
Pruritis Ani

Dietary Irritants
- Coffee, Cola, Beer, Chocolate
- Tea, Tomatoes, Citrus

- Fecal Soiling Due to:
  - Diarrhea
  - Incontinence
  - Hygiene
  - Anatomic abnormalities (Prolapsed Internal hemorrhoids and External hemorrhoids)
  - Fissures and Fistulas
Pruitis Ani

• Diagnosis
  • History – Dietary, new soap? Ill-contacts, Diarrhea, FI? Etc
  • Exam – perineum and anoscopy

• Treatment
  • Treat suspected underlying condition/etiology
    • Topical anti-fungals
    • Hemorrhoids
    • Diarrhea/Fecal incontinence
    • Dietary changes
    • Dermatology consultation?
Fecal Incontinence

- Often a Hidden Symptom
- Passive vs Urge
- Very Common – up to 25% of population
- Evaluation - History, rectal exam, manometry
Fecal Incontinence

Treatment
- Address Constipation and Diarrhea!
- Bulking agents
- Treat hemorrhoids
- Loperamide and Diphenoxylate
- Kegel exercises
- Bio-feedback for external anal sphincter dysfunction
- Diapers and Plugs
- Surgical options – stimulators vs ?
Proctalgia Fugax

- “Fleeting Rectal Pain”
- Common
- Severe, very brief pain perceived as being “in” the rectum.
- Spasm of Internal anal sphincter

- **Diagnosis** – History. Exam – rule out obvious anal disease

- **Treatment** - Reassurance
Levator Syndrome

- a.k.a. Chronic Proctalgia
- Less common than Proctalgia Fugax
- 20 minutes or longer
- Continuous contraction of pelvic floor muscles

- **Diagnosis** – Tender levator on rectal exam.

- **Treatment** – Sitz baths, botox, Biofeedback
Constipation

- “The root of all evil” – well a lot of it anyways...

- Think about it even if patient complains of Diarrhea!

- Check a KUB!

- Treat to prevent long term issues

- Osmotic laxatives first and foremost.
Questions?