A clinical study of Anorectal disorders in rural population.

Dr. Narayan Das

MBBS, M.S. (Gen Surgery) Associate Professor Department of Surgery Tomo Riba Institute of Health and Medical sciences, Naharlagun, Arunachal Pradesh Pin - 791110 Corresponding Author: Dr. Narayan Das

Abstract: Back ground and objectives: To study the pattern of anorectal disorders in our society. Materials and methods: This study was undertaken for a period of eight months from 1st February 2018 to 30th September 2018 comprising of one hundred thirty four patients who were treated in the department of surgery at TRIHMS Naharlagun. Diagnosis made by mainly careful history and clinical examination and anoscopic examination.

Results: The commonest presentation of anorectal disorders was anal fissure followed by haemorrhoids and fistula in ano. The most common presenting symptom was bleeding per rectum followed by pain and discharge. The common age group of anorectal disorders range from 27 years to 40 years.

Conclusion : Anorectal disorders are very common and can impair quality of life significantly. Basic education, awareness and careful clinical examination will diagnose vast majority of patients with anorectal disorders. The incidence of anal fissure is high in our society and this might be associated with certain environment and dietary factors.

Key words: Anorectal disorders, clinical profile.

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I. Introduction

Anorectal disorders are a group of conditions that affect the rectum and anus and the skin surroundings the anus. Anorectal disorders include a diverse group of pathological conditions like haemorrhoids, anal fissure, anal fistula, perianal abscess etc (1). Anorectal disorders generate significant patient discomfort and disability. Its prevalence in general population is much higher than seen in clinical practice since most patients with symptoms referable to anorectal disorders do not seek medical attention. The patient may complain of rectal bleeding, discharge of pus or mucus, pain, abnormality in the bowel habit or prolapse.

The aim and objective of this study was to find out the pattern of anorectal disorders in our society. Materials and methods: This study was conducted in the department of surgery at TRIHMS, Naharlagun from 1st February 2018 to 30th September 2018.

One hundred and thirty four patients who were treated for anorectal disorders were included in this study. Inclusion criteria :

All patients with anorectal disordes who attended at S.OPD TRIHMS irrespective of age and sexes were included in this study.

Exclusion criteria:

Recurrence of anorectal disorders in the same patient was excluded in this study.

A detailed history of all one hundered and thirty four cases was taken accordingly to detailed proforma. Diagnosis was made by careful history, careful clinical examination and anoscopic examination

II. Results:

This study included a total one hundred and thirty four cases that were studied prospectively in the department of surgery at TRIHMS, Naharlagun.

The commonest presentation was per rectal bleeding followed by pain and discharge. (Table I)

| ible 1 :- wholes of presentation and meldence of anorectar disorde | | | | | | | | |
|--|---------------------|----------------|------------|--|--|--|--|--|
| SNO | PRESNETATION | NO OF PATIENTS | PERCENTAGE | | | | | |
| 1 | BLEEDING PER RECTUM | 79 | 59% | | | | | |
| 2 | PAIN | 20 | 15% | | | | | |
| 3 | DISCHARGE | 19 | 14% | | | | | |
| 4 | ITCHING | 8 | 6% | | | | | |

Table I :- Modes of presentation and incidence of anorectal disorders.

| 5 | SWELLING | 7 | 5% |
|-------|-----------------|-----|------|
| 6 | RECTAL PROLAPSE | 1 | 1% |
| TOTAL | | 134 | 100% |

Sex - wise distribution and incidence of anorectal disorders .

Anorectal disorders is slightly more common in male sex than females. (Table 2)

| Table 2: Se | x- wise | distribution | of | anorectal | disorders. |
|-------------|---------|--------------|----|-----------|------------|
|-------------|---------|--------------|----|-----------|------------|

| SNO | SEX | NO OF PATIENTS | PERCENTAGE |
|-------|--------|----------------|------------|
| Ι | MALE | 71 | 53% |
| 2 | FEMALE | 63 | 47% |
| TOTAL | | 134 | 100% |

Table 3: Age- wise distribution of anorectal disorders.

| Sl.NO | DIAGNOSIS | AGE | AGE | AGE | AGE | TOTAL | PERCENTAGE |
|-------|---------------------|--------|--------|--------|--------|----------|------------|
| | | (YEAR) | (YEAR) | (YEAR) | (YEAR) | NO OF | |
| | | 1-20 | 21-40 | 41-60 | >60 | PATEINTS | |
| 1 | ANAL FISSURE | 20 | 67 | 6 | 0 | 93 | 69% |
| 2 | HAEMORRHOIDS | 1 | 11 | 2 | 1 | 15 | 11% |
| 3 | FISTULA IN ANUS | 1 | 7 | 3 | 0 | 11 | 9% |
| 4 | RECTAL POLYP | 1 | 3 | 3 | 0 | 7 | 5% |
| 5 | PERIANAL ABSCESS | 1 | 2 | 1 | 0 | 4 | 3% |
| 6 | PERIANAL PAPILLOMA | 0 | 2 | 0 | 0 | 2 | 1% |
| 7 | RECTAL PROLAPSE | 0 | 0 | 1 | 0 | 1 | 1% |
| 8 | ANORECTAL CARCINOMA | 0 | 0 | 1 | 0 | 1 | 1% |
| TOTAL | | 24 | 92 | 17 | 1 | 134 | 100% |

Anal fissures are the commonest anorectal disorders (69%) followed by haemorrhoids (11%) and fistula in anus (9%). The common age group of anorectal disorders range from 21 years to 40 years (Table 3)

| Table | e 4:- Inc | cidence of etiology | of anorectal disorders. |
|-------|-----------|---------------------|-------------------------|
| | | | |

| Sl.NO | ETIOLOGY | NO OF PATIENTS |
|-------|----------------|----------------|
| 1 | CONSTIPATION | 80 |
| 2 | POOR HYGINE | 48 |
| 3 | CHRONIC STRAIN | 40 |
| 4 | PREGNANCY | 5 |

Constipation was the most common predisposing factor for anorectal disorders followed by poor hygiene, chronic straining, and pregnancy. (Table 4)

III. Discussion

Anorectal disorders include a diverse group of pathological conditions such as haemorrhoids, fissure, fistula, perianal abscess, anal canal cancer and others. Most patients with anorectal disorders present with pain, bleeding, discharge, protrusion or itching. In this study of 134 cases, most common anorectal disorders was anal fissure (69%) followed by haemorrhoids (11%) and fistula in ano (9%). Hussain JN in his study found that haemorrhoids are most frequent anorectal pathology (2). But in my study anal fissure was the most common finding and this might be associated with certain environmental and dietary factors.

In this study, anorectal disorders was common in the age group range from 21 years to 40 years.

Goligher J revealed that anal fissure is usually encountered in young and middle age adults and it has no gender predilection. (3)

In this present study, per rectal bleeding was the most common symptom followed by pain, discharge. (Table 3). A study by Janicke D, Pundt M, most patients with anorectal disorders present with bleeding, pain or itching (4).

In a study by Haas PA, Fox TA et al. found that common predisposing factors for anorectal disorders include constipation, pregnancy and chronic straining (5). In this study constipation was the most common predisposing factor for anorectal disorders.

Surgeons need to be aware of all cases of approaching the patients with anorectal pathology, as ultimate recovery and function depends on accurate and proper evaluation and management (6).

IV. Conclusion:

Anorectal disorders are very common and can impair quality of life significantly. Anorectal disorders are seen most commonly in the age group 21 years to 40 years and commonly present with per rectal bleeding. The common anorectal disorders affecting the population are anal fissure, haemorrhoids and fistula in ano.

Constipation is found to be the most common predisposing factor for anorectal disorders. Basic education, awareness, careful history and careful clinical examination will diagnose vast majority of patients with anorectal disorders in our society.

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