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RESEARCH ARTICLE

OUR RESULTS OF SCLEROTHERAPY IN MANAGEMENT OF HEMORRHOIDS

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ABSTRACT

Background: Hemorrhoid is a common disease treated by various modalities of treatment and sclerotherapy is one of the hemorrhoidal treatment. Here we are presenting our experience of sclerotherapy in hemorrhoids. Aims: To see the effectiveness of sclerotherapy. **Material and methods:** This prospective study of 50 cases attending surgery opd in department of surgery at Institute of Medical Sciences and Research, Mayani, Satara, Maharashtra, India from Jan 13- Sep 2014. **Results:** Majority of the patients were male with 56% and most of the patients were in age group between the 31 to 40 years i.e. 32%. The most of the patients were garde 1 hemorrhoids i.e. 68% followed by grade 2 i.e. 32%. 72% of the patients were discharged on the day of procedure only. 43% of the patients return to the normal activity with in a week after procedure. Most of the patients has first normal bowel movement i.e. 88%. Following the procedure 82% of the patients had experienced mild pain. **Conclusion:** It is a safe procedure and more effective with less pain and least complications.

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INTRODUCTION

Haemorrhoids are very common anorectal conditions, defined as the symptomatic enlargement and distal displacement of the normal anal cushions (Sanchez and Chinn, 2011). They affect millions of people around the world and represent a major medical and socioeconomic problem. Multiple factors have been claimed to be the etiologies of haemorrhoidal development including constipation and prolonged straining (Loder *et al*., 1994). Some reporters suggested that diarrhoea is a risk factor for the development of haemorrhoids (Johanson and Sonnenberg, 1994). The definitive diagnosis of haemorohoidal disease is based on precise patient history and careful clinical examination. Assessment should include digitial examination and anoscopy in the left lateral position (Harish *et al*., 2008). There are large number of treatments medical support instrumental techniques and a variety of surgical techniques. Non surgical methods aim at tissue fixation (sclerotherapy, cryotherapy photocoagulation laser) or fixation with tissue excision (rubber band ligation) (Nishikant Gujar *et al*., 2017). Sclerotherapy is a time honored method and is widely practiced all over the world for the treatment of first and second degree haemorrhoids by creating a fibrous reactions (Al-Ghnaniem *et al*., 2001). Here we are presenting our results of sclerotherapy.

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MATERIALS AND METHODS

This prospective study of 50 cases attending surgery opd in department of surgery at Institute of Medical Sciences and Research, Mayani, Satara, Maharashtra, India from Jan 13- Sep 2014. Detailed history was taken from each patient and thorough clinical examination was performed with emphasis on digital rectal examination and proctoscopy. The patients with grade one and two were included in the study. The benefits and complications, precautions and follow up protocol was explained to the patients and they were then treated with sclerotherapy. A written consent was obtained from each patient. The patients with systemic disease who were high risk candidates for surgery under anaesthesia were conservatively were not included in the study. The patients were evaluated postoperatively for the factors like immediate post operative pain, retention of urine, first bowel action discofort anal incontinence, minor bleeding reactionary, secondary haemorrhage. Follow up examinations was carried out at 15 days 1 month, 3months 6 months and 1 year intervals.

RESULTS

Table 1. According to sex

Male	28 patients	56%
Female	22 patients	44%
Total	50 patients	100%

Male: female ratio 1.3:1

The patients were predominantly male at 28 pt (56%) while the females were at 22(44%).

Table 2. According to age

Age group	Case	Percentage
<20	2	4%
21 to 30	6	12%
31 to 40	16	32%
41 to 50	12	24%
51 to 60	8	16%
>60	6	12%
Total	50	100%

In our study most of the cases were observed in age group that was 31-40 followed by the 41 to 50 years age group 12 patients (24%).

Table 3. Grading of haemorrhoids

Grade 1	34cases	68%
Grade 2	16 cases	32%
Total	50	100

In our study grade one cases were 34 (68%) and grade two were 16(32%) cases.

Table 4. Distribution of hospital stay

Day care	36 patients	72%
1st day	14 patients	28%
Total	50 pts	100%

In our study. 36 patients (72%) were discharged on the day of procedure and followed by 14 patients (28%) were discharged on the first postoperative day.

Table 5. Time to return to normal action

<1week	43 patients	86%
1-2 week	6 patients	12%
2-3 wks	1 pt	2%
Total	50 patients	100%

In our study out of 50 patients, 43 patients (86%) were returned to normal activity in less than 1 week, follow up by 6(16%) patients in 1 to 2 weeks there was only one patient who took about 2-3 wks.

First Bowel Movement

Bowel action

Normal	44	88
Painful	6	12
Bleeding	0	

44 patients had normal bowel action, while 6 had painful action and 0 had bleeding.

Table 7. Characteristic of post op pain

Nature of pain	Number	Percentage
Mild	41 patients	82%
Moderate	9 patients	18%
Severe	0 patients	0%
Total	50	100

Most of the patients had mild pain 41patients (82%), 9 patients (18%) had moderate pain followed by severe pain seen in 0 patients (0%).

Duration of pain	Number	Percentage
1 day	37 patients	74%
2-3 day	13 patients	26%
>3 days	0	0
Total	50	100

The duration of pain in only limited to 1 day in 37 patients (74%) followed by 2-3 days in 13 pts (26%).

Table 8. Post op complication

	Number	Percentage
Retention of urine	0	0%
Reactionary haemorrhage	0	0%
Secondary haemorrhage	0	0%
Flatus incontinence	0	0%
Fecal incontinence	0	0%
Serous discharge	0	0%

Post op complications were not observed.

Table 9. Follow up symptoms

	6 months	1 year
Bleeding	13 (26%)	16 (32%)
Prolapse	2 (4%)	3 (6%)

After follow up at 6 months and 1 year, 13 patients (26%) had bleeding at 6 months and 16 patients – 32% at 1 year. 2 patients (4%) had prolapse at 6 months and 3 patients (6%) had prolapse at 1 year.

DISCUSSION

In earlier times haemorrhoids were thought to be due to the varicosity of haemorrhoidal plexus or due to hyperplasia of corpus cavernosum recti (Steward, 1962). True prevalence of haemorrhoids is unknown .western statistics shows that it is 37% with an equal frequency in men to women (Gazet *et al.*, 1970). while study conducted by madhumitha mukhopadhyay *et al.* showed male to female ratio 1.5:1.This may be partly due to the fact that women are often reluctant to approach for rectal bleeding and much less reluctant to undergo invasive procedure (Madhumita Mukhopadhyay *et al.*, 2014). The present method, using 5% phenol injected into the submucosa at the level of hemorrhoidal pedicles above the dentate line, Blanchard (Blanchard, 1982) claims was introduced by Albright in 1882. The technique was further improved by Gabriel in 1963. Injection sclerotherapy became very popular in the U.K. and many reports continue to support its use. In our study maximum cases belongs to the 31 to 40 age group with 16 patients (32%), followed by the 41 to 50 years age group with 12 patients (24%).

Most of the authors have reported the mean age of haemorrhoids to be between 30 to 50 years(5)In our study grade one cases were 34 (68%) and grade two were 16(32%) cases . study conducted by nishikant *et al.* 2017 shows 75% were in grade one and 25 were in grade two. (Nishikant Gujar *et al.*, 2017). In our study 36 patients (72%) were discharged on the day of procedure and followed by 14 patients(28%) who were discharged on the first postoperative day While study conducted by Nishikant gujar *et al* shows 75% cases were discharged on day care basis , 25% were on first post operative day (Nishikant Gujar *et al.*, 2017). In our study, out of 50 patients, 43 patients (86%) returned to normal activity in less

than 1 week, followed by 6(12%) patients in 1 to 2 weeks and only 1 patient (2%) return to normal activity by 2 to 3 weeks .Other study showed 90% of patients returned to normal in first week and 10% returned to normal in 1 to 2 weeks (5) Most of the patients with sclerotherapy returns to normal activity within a week. Most of the patients had first *normal bowel movements* at 44 patients (88%) and painful bowel action was seen with 6 patients (12%) it is consistent with other studies (Nishikant Gujar *et al*., 2017). Most of the patients have *mild pain*, 41 patients (82%) followed by the moderate pain 9 patients (18%) is consistent with other studies (Nishikant Gujar *et al*., 2017). Injection sclerotherapy patients mostly had pain of mild nature (80%) lasting for one day (70%). The duration of pain in only limited to 1 day in 37 patients (74%) followed that in 2 to 3 days in 13 patients (26%) no pain is observed more than 3 days duration. These finding consistence with nishikant *et al*. (2017).

No patients having any post-operative complications

Sclerotherapy has the least complications among other hemorrhoid treatments which prevents the progression of the disease (Sklow, 2007). Sclerotherapy side effects are mostly urinary, frequently in anterior piles. So it is not recommended to use sclerotherapy in anterior hemorrhoids (Al-Ghnaniem *et al*., 2001). After follow up at 6 months and 1 year, 13 patients (26%) had bleeding at 6 months and 16 patients – 32% at 1 year. 2 patients (4%) had prolapse at 6 months and 3 patients (6%) had prolapse at 1 year. While the study conducted by the Nishikant *et al*. showed 33.3% of pts had bleeding at 6 months and 40% of patients had bleeding at 1 year. 5.5% of patients had prolapse at 6 months and 10% had prolapse at 1 year (Nishikant Gujar *et al*., 2017). In the other study conducted by the Adnan *et al*. reported bleeding in the follow up patients at 6 months and 1 year is 12% and 19.5% respectively and prolapse in the follow up patients at 6 months and 1 year is 19.6% and 33.7% respectively (Adnan *et al*., 2012).

Conclusion

Sclerotherapy is simple, safe, outdoor, non surgical procedure with fewer side effects and its very effective treatment for 1st and 2nd grade haemorrhoids.

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