

# A Study on Clinical Profile of Patients with Hemorrhoids at a Tertiary Care Hospital

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## Abstract

**Background:** In hemorrhoids, the anal canal venous plexuses become engorged. It can lead to bleeding, thrombosis, prolapse, pain. Study of clinical profile helps to educate the patients to take proper precautions to avoid the severe forms of it. The objective of the study was to study the clinical profile of patients with hemorrhoids at a tertiary care hospital.

**Methods:** Present study was hospital based retrospective study. It was carried out at Government Dharmapuri Medical College in the department of general surgery among 100 patients who underwent hemorrhoidectomy during the study period from October 2020 to October 2021.

**Results:** Majority of the patients 36% were in the age group of 31-40 years. The number affected by hemorrhoids was more in males i.e. 68%. Incidence of hemorrhoids was more in upper class. Incidence of hemorrhoids was less i.e. 20% among those who took only vegetarian diet. Majority of the patients (82%) presented after one year of occurrence of treatment. 56% of the patients had third grade of hemorrhoids. Bleeding was present in the majority i.e. 96% of the patients. On anorectal examination, it was found that 32% of the patients had fissure and 38% of the patients had peri anal skin tag. Anorectal examination was within normal limits in 30% of the cases.

**Conclusions:** Vegetarian diet may be protective against hemorrhoids. Bleeding was the most common presenting symptom. Thus, study helped to identify that being male, younger age group, non-veg diet may be the risk factors for hemorrhoids

**Keywords:** Hemorrhoids, Symptoms, clinical profile

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## I. Introduction

Hemorrhoids is downward sliding of anal cushions abnormally due to straining or other causes. Anal cushions are aggregation of blood vessels (arterioles, venules), smooth muscles and elastic connective tissue in the submucosa that normally reside in left lateral, right posterolateral and right anterolateral anal canal. The alternative name for the hemorrhoids is piles. Haemorrhoids can be classified into primary and secondary haemorrhoids. Primary haemorrhoids are those located at 3, 7, 11 o'clock positions, related to the branches of the superior haemorrhoidal vessel which divides on the right side into two; left side it continues as one. Secondary haemorrhoids are those which occurs between the primary sites.

Haemorrhoids can be divided into three types- Internal, external and Interno-external. Internal haemorrhoids seen above the dentate line and covered with mucous membrane. External haemorrhoids seen below the dentate line and covered with skin. Interno-external where both internal and external haemorrhoid occur together. It has been said that almost everyone may get affected due to hemorrhoids. It is so common. It can lead to bleeding, thrombosis, prolapse, pain. Of all the investigations advised in colorectal cases, 50% are due to hemorrhoids. It should not be neglected; otherwise it can lead to serious condition. All ages and both sexes are equally affected by hemorrhoids. Globally the prevalence of hemorrhoids has been estimated as 50-85% of the total population. It has been estimated that about 40 million people are suffering from hemorrhoids in India. It has been thought that there are some risk factors which can lead to piles and they can be increasing age, overweight and obesity, psychological problems, history of chronic constipation, pregnancy, use of low fibre in the diet, likes for taking spicy foods and habit of alcohol consumption etc.

Present study was carried out to study the clinical profile of patients with open hemorrhoidectomy so that we can throw a light on the etiopathogenesis of the patients with hemorrhoidectomy.

## II. Methods

Present study was hospital based retrospective study carried out at Government Dharmapuri Medical college and Hospital in the department of general surgery among 100 patients who underwent hemorrhoidectomy during the study period from October 2020 to October 2021.

Institutional Ethics Committee permission was taken for the present study.

**Inclusion criteria**

Inclusion criteria were patients who underwent hemorrhoidectomy between the age group 18-70 years.

**Exclusion criteria**

Exclusion criteria were the patients underwent hemorrhoidectomy but having other serious co-morbidities and not in the age group 18-70 years.

After approved by author involved in the present study details of each and every patient like age, sex, socioeconomic class, dietary pattern, duration of symptoms and anorectal findings were noted and recorded in the Microsoft excel sheet and analyzed.

**III. Results**

**AGE WISE DISTRIBUTION IN STUDY GROUP**

AGE GROUP	NUMBER	PERCENTAGE
18 – 30	24	24%
31 – 40	36	36%
41 – 50	20	20%
51 – 60	12	12%
61 – 70	8	8%
TOTAL	100	100%

**GENDER DISTRIBUTION IN STUDY GROUP**

GENDER	NUMBER	PERCENTAGE
MALE	68	68%
FEMALE	32	32%
TOTAL	100	100%

**DISTRIBUTION OF STUDY POPULATION AS PER SOCIOECONOMIC CLASS**

CLASS	NUMBER	PERCENTAGE
UPPER	51	51%
LOWER	49	49%
TOTAL	100	100%

**DISTRIBUTION OF STUDY POPULATION AS PER DIETARY PATTERN**

DIET	NUMBER	PERCENTAGE
VEG	20	20%
MIXED	80	80%
TOTAL	100	100%

**DISTRIBUTION OF STUDY POPULATION AS PER DURATION OF SYMPTOM**

DURATION	NUMBER	PERCENTAGE
LESS THAN ONE YEAR	18	18%
MORE THAN ONE YEAR	82	82%
TOTAL	100	100%

**DISTRIBUTION OF STUDY POPULATION AS PER GRADING OF HAEMORRHOIDS**

GRADE	NUMBER	PERCENTAGE
THIRD GRADE	56	56%
FOURTH GRADE	44	44%
TOTAL	100	100%

**DISTRIBUTION OF STUDY POPULATION AS PER SYMPTOMS**

SYMPTOMS	NUMBER	PERCENTAGE
BLEEDING	96	96%
PAIN	80	80%
CONSTIPATION	84	84%
PROLAPSE	80	80%

**DISTRIBUTION OF STUDY POPULATION AS PER ADDITIONAL ANORECTAL FINDINGS**

ADDITIONAL FINDING	NUMBER	PERCENTAGE
FISSURE	32	32%
PERIANAL SKIN TAG	38	38%
NORMAL	30	30%
TOTAL	100	100%

#### **IV. Discussion**

The age range of this study was 18-70 years. In this study the most common age group was 31-40 with 36% cases distributed in this group. Next most common age group was 18-30 age groups. Chauhan et al, concluded 55% patients were between 20-40 years, which was on higher side this may be due to larger age group range in their study.

Out of total cases, 68% were males and 32% were females. There is significant difference between gender distribution that males are most commonly affected. This result was almost in accordance with Thirumalagiri et al, studies in which male were (69%) and female were (31%) and in George et al study male were 55%, female were 45%. Chauhan et al, also concluded higher incidence of male 70% and Kara et al et al study which showed male 65% and females 35%.

Upper class formed 51% of study. But there was no any significant association between hemorrhoids and socio economic class. Similar conclusion was drawn by Johanson et al who said higher socioeconomic class was afflicted with a greater frequency.

With 80% study subjects having mixed diet which is found to be associated significantly. Johanson et al said Caucasians of higher socioeconomic class were afflicted with a greater frequency and was theorized to be diet related. Loder et al said low fiber diet is leading cause for piles. Both these study supported our findings.

Higher duration (more than one year ) of hemorrhoids in 82% cases was found to be significant in study population.

Hemorrhoid grade is not found to be significant in study population, with grade III forming 56% and grade IV forming 44% of total cases. Demir et al study 50.5% admitted with Grade III, and 39.6% with Grade IV disease. In Maurya et al III degree haemorrhoids 65% were the commonest haemorrhoids. Both these studied had almost similar results as this study. In a study by Khan et al majority 53.3% of patients had third degree haemorrhoids. Sachin et al also concluded results in accordance with our study.

In this study bleeding 96% was found to be most common symptom, next was constipation 84% in study population. These are not found to be significantly distributed in either of the two groups. Similar was concluded by Demir et al with most common complaint of bleeding in 41.5%, Maurya et al who reported bleeding in 76.67%.

Out of total 100 cases 70 showed additional findings, fissure in 32 cases and 38 showed perianal skin tag. There was no significance in distribution of these cases in surgical groups. Maurya et al study out of total anorectal findings 65% had a fissure and 35% had fistula, they also did not find any significance in two study groups. While Chauhan et al study showed only 5% cases with anal fissures. This lower finding may be due to smaller sample size and different disease duration.

#### **V. Conclusion**

The common factors found to predispose the person to the risk of hemorrhoids are being younger age group, being male, belonging to upper class and being non vegetarian. Though we cannot say that they are exactly the risk factors but further studies are warranted as hemorrhoids are very common in the community. Late presentation of the patients to the hospital was another feature of this study. Bleeding was common symptom and fissure presence was common.

#### **References**

- [1]. Burch J, Epstein D, Baba-Akbari A, Weatherly H, Fox D, Golder S, et al. Stapled haemorrhoidectomy (haemorrhoidopexy) for the treatment of haemorrhoids: a systematic review and economic evaluation. *Health Technol Assess.* 2008;12(8):1- 193.
- [2]. Hemorrhoids. Centre for Health Informatics (CHI), set up at National Institute of Health and Family Welfare (NIHFW), by the Ministry of Health and Family Welfare (MoHFW), Government of India. Available at: [https://www.nhp.gov.in/haemorrhoids\\_mtl](https://www.nhp.gov.in/haemorrhoids_mtl); Accessed on 11 May, 2016.
- [3]. Riss S, Weiser FA, Schwameis K, Riss T, Mittlböck M, Steiner G, et al. The prevalence of hemorrhoids in adults. *Int J Colorectal Dis.* 2012;27(2):215-20.
- [4]. Lohsiriwat V. Hemorrhoids: From basic pathophysiology to clinical management. *World J Gastroenterol.* 2012;18:2009–17.
- [5]. Pigot F, Siproudhis L, Allaert FA. Risk factors associated with hemorrhoidal symptoms in specialized consultation. *Gastroenterol Clin Biol.* 2005;29:1270–4.
- [6]. Thirumalagiri VR, Rao R. A Comparative Study of Open Haemorrhoidectomy with Minimally Invasive Procedure for Haemorrhoids (MIPH). *IOSR J Health Sci.* 2017;16(1):51-6.
- [7]. Sachin ID, Muruganathan OP. Stapled hemorrhoidopexy versus open hemorrhoidectomy: a comparative study of short term results. *Int Surg J.* 2017;4:472-8.
- [8]. Kara C, Sozutek A, Yaman I. Ligation under vision in the management of symptomatic hemorrhoids: A preliminary experience. *Asian J Surg.* 2015;38(3):121-5.
- [9]. Oughriss M, Yver R, Faucheron JL. Complications of stapled hemorrhoidectomy: a French multicentric study. *Gastroenterol Clin Biol.* 2005 Apr;29(4):429- 33.
- [10]. Chauhan H, Vaishnav UG. A comparative study of Longo's procedure without stapler versus open hemorrhoidectomy in 2nd and 3rd degree hemorrhoids. *IAIM,* 2016;3(2): 25-30.
- [11]. George R, Vivek S, Suprej K. How long to stay in hospital: Stapled versus open hemorrhoidectomy? *Saudi Surg J* 2016;4:108-12.
- [12]. Krishna Kishore P, Manju Sruthi B, Obulesu G. Comparative study between stapler and open hemorrhoidectomy in the management of grade III/ IV hemorrhoids. *IAIM,* 2016;3(9):218-21.

- [13]. Maurya V, Jain V, Jolly S. Comparative study of stapler hemorrhoidectomy and open hemorrhoidectomy. *J Med Sci Clin Res.* 2017;5(4):19892-19904.
- [14]. Gravié JF, Lehur PA, Hutten N. Comparative study between stapler haemorrhoidectomy and open haemorrhoidectomy, Randomized Control Trials conducted in France; *Ann Surg.* 2005;242(1):29-35.
- [15]. Thejeswi P, Kumar LY, Ram S. Comparison Of Surgical Treatment Of Hemorrhoids - Stapled Versus Open And Closed Hemorrhoidectomy. *The Internet J Surg.* 2012;28(2):1-8
- [16]. Johanson JF, Sonnenberg A. The prevalence of hemorrhoids and chronic constipation. An epidemiologic study. *Gastroenterology.* 1990;98(2):380-6.

XXXX, et. al. "A Study on Clinical Profile of Patients with Hemorrhoids at a Tertiary Care Hospital." *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)*, 21(04), 2022, pp. 17-20.