Updates in the Management Of hemorrhoid

Essay

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بسم الله الرحمن الرحيم

﴿وَقُل رَّبِّ زِدْنِي عِلْماً﴾

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Mohamed Ali Hamadi Youssouf

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List of Abbreviations

DGHAL	:	Doppler-guided hemorrhoidal artery ligation
DGLP	:	Doppler-guided laser photocoagulation
EBM	:	Evidence based medicine
FDA	:	Food and deugs
IRC	:	Infra-red photocoagulation
IS	:	Injection sclerotherapy
ODS	:	Obstructed defecation syndrome
PPH	:	Procedure for prolapsed haemorrhoid
RBL	:	Rubber band ligation
RCT	:	Rendomized control trial
SH	:	Stapled hemorrhoidopexy
STARR	:	Stapled transanal rectal resection
TCMH	:	Traditional Chinese medicinal herbs
THD	:	Transanal hemorrhoid devascularization
U.S	:	United state
UK	:	United Kingdome

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Abstract

Hemorrhoids are a common anorectal condition that has affect millions of people around the world throughout history, and represent a major medical and socioeconomic problem.

Multiple factors have been discussed as anatomy histopathology etiologies and classification of hemorrhoidal disease. But this review aim to highlights to the new modalities methods for treatment of hemorrhoid.

Several techniques are available for nonsurgical treatment of hemorrhoids, all with the goal of causing fibrosis, retraction, and fixation of the hemorrhoidal cushions. With minimal complications post procedure these techniques include rubber band ligation (RBL), infrared coagulation (IRC), bipolar diathermy, laser photocoagulation, injection sclerotherapy, and cryotherapy.

Excisional hemorrhoidectomy remains the most effective treatment for hemorrhoids with low rate of recurrence but it can be associated with appreciable complications. Thus new models techniques such as (**PPH, DGHAL and STRR**) introduced to minimize complications and increase safety as well as easy procedure.

In the future these technic may take upper hand in the treatment of internal hemorrhoid.

Key words: hemorrhoids , RBL ,PPH,IRC, DGHAL, Dentate line. Office base procedure ……..

Introduction

Ancient references to symptomatic hemorrhoidal disease date back thousands of years and can be found in the Bible as well as early Egyptian, Babylonian, and Greek scripts. The first known mention of this condition is from an Egyptian papyrus in 1700 BC which advises. "Thou shouldest give an ointment of acacia leaves, ground and titurated together and place in the anus, that he recovers immediately ***(Senagore AJ. 2002).***

The word *hemorrhoid* is derived from the Greek, with *haima* meaning blood and *rhoos* meaning flowing. Another common word for hemorrhoids used in the vernacular is "pile,"which comes from the Latin *pila*, meaning a ball. As aptly noted by Senagore, "although few people have died of hemorrhoidal disease, many patients who have undergone certain hemorrhoid therapies wish they had," and this entity is one of the few diseases with its own patron saint (St Fiachre, the patron saint of gardeners and hemorrhoid sufferers). ***(Senagore AJ. 2002)***

Symptomatic hemorrhoids are common, and those with hemorrhoids along with other anorectal diseases frequently present to the gastroenterologist with lower gastrointestinal (GI) bleeding and perianal complaints for evaluation and treatment. These patients and their referring physicians have an expectation that the gastroenterologist who examines this area should be able to provide comprehensive care of any nonsurgical anorectal ailments that are present. However, in large part because of the fact that formal training in anorectal pathology is not included in the combined Gastroenterology Core Curriculum, the care of these problems is often referred to surgical specialties ***(Palma, 2011)***

Hemorrhoids are a common anorectal condition that has affect millions of people around the world throughout history, and represent a major medical and socioeconomic problem. occasionally even influencing world events. It has been claimed that Napoleon Bonaparte uncharacteristically slept through the action in the midest of Waterloo due to a hemorrhoidal crisis ***(Welling, 1988).***

In modern America, President Jimmy Carter publicly announced his sick leave due to severe hemorrhoidal pain ***(Carter's , 1979).***

Hemorrhoidal cushions are part of normal anatomy and can be found on a normal anoscopic examination, Hemorrhoidal disease, on the other hand, is characterized by bleeding, thrombosis, or prolapse. Multiple factors have been claimed to be the etiologies of hemorrhoidal development, including constipation and prolonged straining. The abnormal dilatation and distortion of the vascular channel, together with destructive changes in the supporting connective tissue within the anal cushion, is a paramount finding of hemorrhoidal disease ***(Loder, 1994)***.

In addition, patients often self-diagnose any perianal disorder as hemorrhoids; thus, the importance of confirming the diagnosis cannot be overstated, with the differential diagnosis of the above symptoms including anal or colorectal cancer, condyloma, fissure, abscess, inflammatory bowel disease, and skin tags ***(Kaidar-Person, 2007)***.

Aim of the work

The aim of the work is to review hemorrhoid regarding their recent tools of diagnosis and recent updates in different modalities of their treatment.

Epidemiology

The exact prevalence of symptomatic hemorrhoids is very difficult to establish, because many sufferers do not seek care for their problems or rely on over the counter remedies, whereas others attribute other anorectal symptoms as being a result of hemorrhoids ***(Madoff, 2004).***

As noted in a recent American Gastroenterological Association review, the National Center for Health Statistics report of up to 23 million people or 12.8% of U.S. adults ***(LeClere, 2012).***

A recent prospective study of screening colonoscopy patients revealed the presence of hemorrhoids in 38.9%, with 44.7% of those patients suffering from hemorrhoidal symptoms ***(Riss and Weiser 2012).***

In 2004, the National Institutes of Health noted that the diagnosis of hemorrhoids was associated with 3.2 million ambulatory care visits, 306,000 hospitalizations, and 2 million prescriptions in the United States ***(Everhart, 2008).***

Another analysis shows that about half the people in the UK develop one or more hemorrhoids at some stage ***(Hulme-Moir 2001).***

Although it has been stated that 50% of the population will experience symptomatic hemorrhoid disease at some point in their lives, and the peak incidence of symptomatic disease seems to be between the ages of 45-65 years ***(Janicke,1996).***

Development of hemorrhoids before the age of 20 is unusual, and the risk is higher for whites than for blacks ***(Johanson, 2010)***

Anatomy of Anal Canal

The **anal canal** is the terminal part of the large intestine.it is more like an anteroposterior slit around 2.5 cm to 5 cm long.

Anatomically or **embryologically** anal canal is shorter **then surgical** anal canal**.** It is only 2.0 cm long, extending from the anal verge to the **dentate line**, the level that corresponds to the proctodeal membrane.. It lies in the anal triangle of perineum in between the right and left ischio-anal fossa ***(José Marcio Neves 2009); (DeLancey JO 2004).***

The surgical or functional anal canal is longer, extending for approximately 4.0cm (in men) from the anal verge to the anorectal ring (levator ani). This "long anal canal" concept was first introduced by Milligan and Morgan and has been considered, despite not being proximally marked by any apparent epithelial or developmental boundary, useful both as a physiologic and surgical parameter ***(Greenfield and Lazar 2001).***

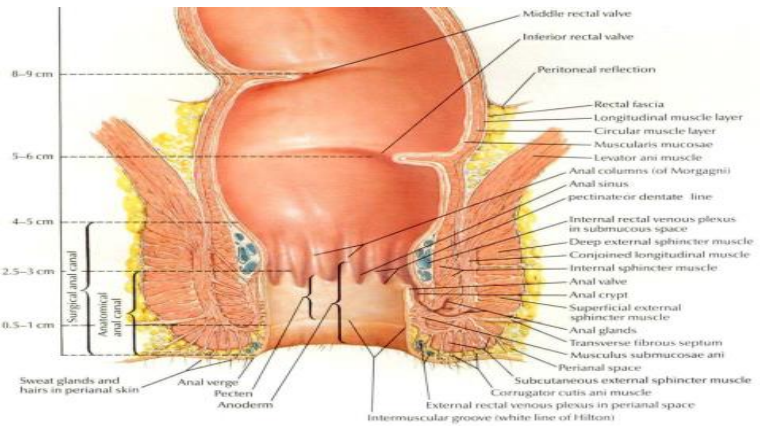

Fig.(1): Surgical and anatomical anatomy of anal canal with special reference to the surgical importance of the internal sphincter and conjoint longitudinal muscles (Atlas of anatomy ***(Larsen, 1997).***