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Case Report

Surgical treatment of thrombosed external hemorrhoids – Case report and review of literature

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ABSTRACT

Introduction: Although anorectal diseases in clinical practice are relatively common, thrombosed external hemorrhoids (TEH) are still a major therapeutic problem. TEH most frequently occurs in subjects with diagnosed hemorrhoidal disease.

Aim: The aim of this work was to report and analyze a case of TEH.

Case study: The patient, a 22-year-old male, attended Proctology Clinic with a severe anal pain. He had a history of pain which occurred the day before for the first time in his life. Physical examination showed no abnormalities. Digital rectal examination revealed TEH. Patient consented for incision of TEH under local anesthesia. Following the administration of anesthesia around TEH, incision was made and blood clot was evacuated. After 2 days the patient attended a follow-up appointment in the Proctology Clinic. After the incision was made the pain has resolved. From the time of TEH incision the patient did not receive any pain medication. After 5 months there was no recurrence of the disease.

Results and discussion: TEH is the cause of severe pain and itching. Major cause of the pain is the increased tension of external anal sphincter muscle. Diagnosis of TEH is made based on anamnesis, physical examination and additional tests. The most important part of a physical examination is digital rectal examination. Early diagnosis of thrombus and initiation of proper, most frequently surgical, treatment is an effective treatment method of this condition.

Conclusions: Treatment of TEH should be adjusted for each patient individually. The main factor determining the choice of treatment method is patient consent for a surgical intervention under local anesthesia. Excision or incision of the thrombosed hemorrhoid under local anesthesia in patients with TEH is a completely secure method, at the same time with a low number of complications.

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1. Introduction

Hemorrhoidal disease constitutes an important social problem of the XXI century.^{1,2,3} It is estimated that every second person above 50 years of age suffers from hemorrhoids.^{2,3,4} One-third of US society suffers from hemorrhoids – that is approximately 75 million people.^{1,2,3,4} Hemorrhoids are cavernous tissue cushions located within the distal rectum and anal canal.^{4,5,6} Depending upon their location in respect to pectinate line, one can define

- external hemorrhoids – situated below pectinate line, covered by squamous epithelium called anoderm, and
- internal hemorrhoids – situated above pectinate line, covered by columnar epithelium.^{1,2,3,4,5,6}

Despite the fact that anorectal diseases are relatively frequent, until present the etiology of hemorrhoidal disease has not been established.^{7,8,9,10} Main symptoms of thrombosed external hemorrhoids (TEH) reported by the patients are severe pain and visible single hard black hemorrhoid or single ruptured hemorrhoid with visible blood clot.^{6,7,11,12} These symptoms are accompanied by bleeding.

2. Case study

The patient, a 22-year-old male attended Proctology Clinic in Mikolaj Pirogow Voivodeship Specialist Hospital in Lodz with severe anal pain. He had a history of pain which occurred the day before for the first time in his life. Physical examination showed no abnormalities. Digital rectal examination revealed TEH (Fig. 1).

Patient consented for the incision of TEH under local anesthesia. Following the administration of anesthesia around THE, incision was made and blood clot was evacuated (Figs. 2–5). After the incision the patient was discharged home. The recommended treatment comprised medicine based on a dry extract of *Ruscus aculeatus*, hesperidin and ascorbic acid (Cyclo 3 Fort, Pierre



Fig. 1 – Thrombosed external hemorrhoid (indicated by arrow).



Fig. 2 – Administration of anesthesia in the area of thrombosed external hemorrhoid.



Fig. 3 – Incision of the thrombosed external hemorrhoid.



Fig. 4 – Evacuation of blood clot from the thrombosed external hemorrhoid after the incision.

Fabre) at a dose of four tablets per day, suppositories containing a suspension of *Escherichia coli* bacteria and hydrocortisone (Posterisan H, Kadefarm) at a dose of one suppository twice

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