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Hemorrhoids and related complications in primigravid pregnancy[☆]

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ABSTRACT

Purpose: To identify the effect of pregnancy on the development of external hemorrhoids and constipation.

Subjects and methods: This pilot study involved 61 primigravid women without a history of perianal diseases. Each patient was examined and filled a questionnaire between the 11th and 14th gestational week prior to prenatal screening tests. Patients were re-examined and questioned in relation to perianal symptoms and hemorrhoidal changes again in the 24th and 37th gestational weeks.

Results: A total of 5, 8, and 11 women had symptomatic external hemorrhoids with or without perianal complications in the 11–14th, 24th, and 37th gestational weeks, respectively. Meanwhile, 27, 25, and 29 women complained about constipation in the 11–14th, 24th, and 37th gestational weeks, respectively. Only 4 (6.6%) patients experienced painful hemorrhoids. The overall morbidity rate was 18% (11 cases). We found a statistically significant relationship between external hemorrhoids/perianal complications and gestation-induced constipation through logistic regression analysis ($p < 0.001$).

Conclusion: Various risk factors and biological explanations exist for the high frequency of hemorrhoids during pregnancy. Because participants were primigravid women without a history of perianal complaints, findings suggest a direct effect of pregnancy itself on the development of external hemorrhoids/perianal symptoms.

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[☆] By evaluating 61 primigravid patients without prior perianal disease, we tried to show the effect of pregnancy on development of external hemorrhoids and constipation.

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Hemorroidas e complicações relacionadas na gestação de primigestas

R E S U M O

Palavras-chave:

Hemorroida

Gestação

Obstipação

Objetivo: Identificar o efeito da gestação sobre o desenvolvimento de hemorroidas externas e obstipação.

Indivíduos e métodos: Este estudo piloto envolveu 61 mulheres primigestas sem história de doenças perianais. Cada paciente foi examinada e preencheu um questionário entre a 11^a e a 14^a semanas de gestação antes dos exames de triagem pré-natal. As pacientes foram reexaminadas e questionadas sobre sintomas perianais e mudanças hemorroidais novamente na 24^a e 37^a semanas de gestação.

Resultados: Um total de 5, 8 e 11 mulheres apresentaram hemorroidas externas sintomáticas com ou sem complicações perianais na 11-14^a, 24^a e 37^a semanas de gestação, respectivamente. Enquanto isso, 27, 25 e 29 mulheres queixaram-se de obstipação na 11-14^a, 24^a e 37^a semanas de gestação, respectivamente. Apenas 4 (6,6%) pacientes apresentaram hemorroidas dolorosas. A taxa global de morbidade foi de 18% (11 casos). Encontramos uma relação estatisticamente significativa entre hemorroidas externas/complicações perianais e obstipação induzida por gestação por meio de análise de regressão logística ($p < 0,001$).

Conclusão: Existem vários fatores de risco e explicações biológicas para a alta frequência de hemorroidas durante a gravidez. Como os participantes eram mulheres primigestas sem história de queixas perianais, os achados sugerem um efeito direto da gestação em si sobre o desenvolvimento de hemorroidas externas/sintomas perianais.

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Introduction

Gastrointestinal disorders are common during pregnancy; in fact 0.2–1% of pregnant women need to visit a general surgeon during their pregnancies.¹ Hemorrhoids are also extremely common during pregnancy; however, their exact incidence is not known.² One study with 835 patients reported a hemorrhoid prevalence during pregnancy of 86%, which was not different from the same age group.³ Hemorrhoids are also common in the postpartum period. It has been reported that 33% of these patients are suffering from thrombosed external hemorrhoids, or anal fissures during this period.⁴ Although various risk factors have been described, the exact mechanism and biological rationale behind pregnancy-related perianal problems are not clear.⁵

Functional constipation is another common issue during pregnancy, with an incidence ranging between 11% and 38%.² Unfortunately, there is not enough data to adequately evaluate the effectiveness and safety of pharmacological and non-pharmacological treatment modalities for constipation in pregnancy.⁶ However, some risk factors such as older age, high body mass index, and sedentary occupation have been described.⁷

This pilot study aimed to explore the direct effect of gestation-related hormonal, metabolic, and mechanical changes on the development of hemorrhoids and identify the “risk-factor-free” incidence of external hemorrhoids in pregnancy. For this purpose, we focused on primigravid patients without a history of hemorrhoids or perianal complaints as study subjects.

Subjects and methods

This study involved 61 primigravid women with singleton pregnancies and no history of perianal diseases or systemic disorders that may predispose to hemorrhoids/anal fissures, such as immune/inflammatory diseases, diabetes mellitus, gastrointestinal tract problems, and related surgical interventions. Each patient was examined and completed a questionnaire including demographic, social, medical, and perianal disease data between the 11th and 14th gestational week prior to their prenatal screening tests. Patients were re-examined and questioned in relation to hemorrhoid occurrence twice more, in the 24th and 37th gestational weeks. Gastrointestinal disorders such as mucous discharge, itching, burning, pain, dyschezia, protrusion, and bleeding were evaluated. Constipation was defined according to Rome IV criteria.⁸

All women were interviewed and examined by the same physician and the informed consent forms were signed by all patients at the beginning of the study. If any perianal symptoms such as perianal discomfort, mucous discharge, itching, burning, pain, dyschezia, and bleeding were registered, women were examined by the surgeon for external hemorrhoids and anal fissures.

Patients with perianal symptoms and hemorrhoids were treated by increasing the fiber content of their diet and fluid intake, and prescribing sitz baths. Advice regarding lifestyle changes to decrease the risk of hemorrhoids, such as physical activity recommendations, was provided individually by a physiotherapist. In addition to these recommendations, pregnant women with infrequent defecation were given information about the importance of developing regular bowel

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