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Relationship between anal symptoms and anal findings

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Abstract:

Background: The frequencies and types of anal symptoms were compared with the frequencies and types of benign anal diseases (BAD). Methods: Patients transferred from GPs, physicians or gynaecologists for anal and/or abdominal complaints/signs were enrolled and asked to complete a questionnaire about their symptoms. Proctologic assessment was performed in the knee-chest position. Definitions of BAD were tested in a two year pilot study. Findings were entered into a PC immediately after the assessment of each individual. Results: Eight hundred seven individuals, 539 (66.8%) with and 268 without BAD were analysed. Almost one third (31.2%) of patients with BAD had more than one BAD. Concomitant anal findings such as skin tags were more frequently seen in patients with than without BAD (<0.01). After haemorrhoids (401 patients), pruritus ani (317 patients) was the second most frequently found BAD. The distribution of stages in 317 pruritus ani patients was: mild (91), moderate (178), severe (29), and chronic (19). Anal symptoms in patients with BAD included: bleeding (58.6%), itch (53.7%), pain (33.7%), burning (32.9%), and soreness (26.6%). Anal lesions could be predicted according to patients’ answers in the questionnaire: haemorrhoids by anal bleeding (p=0.032), weeping (p=0.017), and non-existence of anal pain (p=0.005); anal fissures by anal pain (p=0.001) and anal bleeding (p=0.006); pruritus ani by anal pain (p=0.001), itching (p=0.001), and soreness (p=0.006). Conclusions: The knee-chest position may allow for the accumulation of more detailed information about BAD than the left lateral Sims’ position, thus enabling physicians to make more reliable anal diagnoses and provide better differentiated therapies.

Key Word:
haemorrhoids, pruritus ani, fissure-in-ano, thrombosed external haemorrhoid, benign anorectal diseases, Sims’ position, knee-chest-position

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