

Haemorrhoids in Children: A Retrospective Study Çocuklarda Hemoroidler: Bir Retrospektif Çalışma

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ABSTRACT

Purpose: After six-year follow-up period of paediatric haemorrhoid patients, authors have presented the collected data in this article to share views on how to treat haemorrhoid disease.

Material/ Methods: Documents of patients were evaluated retrospectively. Patients with haemorrhoids were evaluated for gender, age, diagnosis year, and disease history, symptoms, physical examinations, laboratory, operations and follow-up periods.

Results: Fourteen patients of the evaluated 9,958 patients had haemorrhoids. Thirteen patients were male and 1 female. Median age was 13 years. One patient had Henoch-Schönlein Purpura, 1 patient had constipation and 1 patient had pectus carinatum with kyphosis. Other patients had normal backgrounds. All patients had pain and fullness symptoms. Also, 1 patient had bleeding and 3 patients had swelling. Physical examinations were normal other than haemorrhoidal swelling. For Henoch-Schonlein Purpura, pectus carinatum and kyphosis patients, there were typical examination findings. Only 2 abdominal ultrasonographies were performed as diagnostic examination. None of patients were operated. Two patients were not available for follow-up. After 4-year check-ups, 2 patients were lost to follow-up and 5 patients follow-ups were finished. Seven patients are still under control.

Conclusions: We followed up one of the largest group for haemorrhoids in children. We performed laboratory examinations only for suspected hepatobiliary disorder. Patients did not have progressive illness during follow-up period. We believe that haemorrhoids disease in children can be followed up by routine control examinations, without detailed laboratory examinations.

Key Words: Haemorrhoids; Children

INTRODUCTION

Haemorrhoids prevalence is higher at the adolescent age group for the paediatric patients [1]. Haemorrhoids are seen with an underlying etiologic factor especially in infants and children [1-3]. The main reason of haemorrhoids in infants and children is portal hypertension [2, 3]. For adolescents, constipation is the main cause of haemorrhoids [3]. Because there is not enough data published for haemorrhoids in children, assessment and management procedures are not clear, and treatments differ from adult patients.

Gathering of history, physical examination, simple laboratory investigation, and appropriate diagnostic studies could be enough to make decision for haemorrhoids [2]. Based on this suggestion, we have decided to present our assessment and treatment options. In our series, hemorrhoid treatment algorithm differs in some aspects of the literature.

PATIENTS AND METHODS

Documents of Keçiören Education Hospital recorded between January 2005 and November 2011 were evaluated. All authors worked at the hospital and two of them are still working. By using International Classifications of Diseases (ICD-10), patients were listed for haemorrhoids. Gender, age, diagnosis year, disease histories, symptoms, physical examinations, laboratory, operations and their follow-up were evaluated. Results were listed in tables. There are two figures showing the physical examination findings.

RESULTS

Hemorrhoids were examined in 14 of 9.958. Thirteen patients were male and 1 female. Median age was 13 years. One patient had Henoch-Schönlein Purpura (HSP), 1 patient had constipation, 1 had pectus carinatum with

kyphosis. Histories of the other patients were normal.

Pain and enlargement was the main complaints of the patients. One patient had bleeding and 3 patients had swelling. Twelve patients physical examinations other than haemorrhoidal complaints, were normal. Other 2 patients had HSP, pectus carinatum and kyphosis symptoms. Figure 1 and 2 demonstrates haemorrhoids diagnosed in two patients.



Figure-1: Photograph showing the hemorrhoid disease in the patient's left side. (Case 12)



Figure 2: Photograph showing the hemorrhoid disease in the patient's posterior side. (Case 14)

Only 2 patients were examined by ultrasonography, and these tests have resulted

normal. None of the other laboratory assessments were made. None of the patients were operated on for haemorrhoids. Two patients did not follow-up examinations. Follow-up periods of 5 patients were discontinued after

5 years. Control examinations of seven patients are still continuing.

Gender, ages, diagnosis year and history are defined in Table-1. Symptoms, physical examinations, laboratories, operations and their follow-up are defined in Table-2.

Table-1: Gender, age, diagnosis year and history of other diseases for hemorrhoids diseases in children.

Patients	Gender	Age	Diagnosis Year	History for Other Diseases
1	M	15	2008	Normal
2	M	16	2008	Normal
3	M	6	2009	Normal
4	M	17	2009	Normal
5	M	15	2010	Normal
6	M	14	2010	Normal
7	M	11	2010	Normal
8	M	10	2011	Henoch-Schonlein
9	M	15	2011	Normal
10	M	16	2011	Pectus Carinatus, kyphosis
11	F	13	2011	Normal
12	M	4	2011	Normal
13	M	9	2011	Normal
14	M	12	2011	Constipation

Table-2: Symptoms, physical examinations, laboratory, operational and follow-up findings of the patients.

Patients	Symptoms	Phys. Exam.	Lab.	Op.	Follow-up
1	Pain, enlargement, swelling	Normal	None	No	4
2	Pain, enlargement	Normal	None	No	4
3	Pain, enlargement	Normal	Abd. USG	No	3
4	Pain, enlargement, swelling, bleeding	Normal	None	No	3
5	Pain, enlargement	Normal	None	No	Lost
6	Pain, enlargement, swelling	Normal	None	No	2
7	Pain, enlargement	Normal	None	No	Lost
8	Pain, enlargement	HSP symptoms	Abd. USG	No	Cont'd
9	Pain, enlargement	Normal	None	No	Cont'd
10	Pain, enlargement	Pectus Carinatus and kyphosis	None	No	Cont'd
11	Pain, enlargement	Normal	None	No	Cont'd
12	Pain, enlargement	Normal	None	No	Cont'd
13	Pain, enlargement	Normal	None	No	Cont'd
14	Pain, enlargement	Normal	None	No	Cont'd

Abbreviations: Phys. Exam. : Physical Examinations, HSP: Henoch-Schonlein Purpura, Lab.: Laboratory, Abd. USG: Abdominal Ultrasonography, Op.: Operation, Cont'd: Continued

DISCUSSION

Haemorrhoids are rare at paediatric age group but incidence is higher for adolescence. [1-3]. Hemorrhoids that occur for unknown reasons, is extremely rare in children. [2]. Hemorrhoids in children, can be one of the reasons for the investigation of portal hypertension, but the simple illnesses such as constipation, especially during adolescence, can cause hemorrhoids. [3]. One patient in our series had constipation, 1 patient had HSP, 1 had pectus carinatum with kyphosis. HSP and constipation can be possible reasons for haemorrhoids. However, existence of haemorrhoids with pectus carinatum and kyphosis may be coincidental. The existence reasons of haemorrhoids for other patients were not present. It might simple be because of the coincidence.

Itching, burning, pain, bleeding, prolapse and painful bowel movement can be seen in the patients who has enlargement and swelling [1, 4]. Bleeding mainly occurs on the surface of toilet paper or stool after defecation [3]. Pain continues for 2 or 3 days and haemorrhoidal enlargement continues for 1 or 2 weeks [1]. In our series, pain and enlargement were the main symptoms. Swelling was observed in 3 patients and one patient had bleeding. Bleeding occurred in a patient who did not have constipation. Unfortunately, the follow-up protocols of patients were not recorded in detail during the complaints process. Because of this, our knowledge about pain and enlargement in the patients were restricted. As a result, the end time of symptoms has not been identified. Nevertheless, for other systemic physical examinations, most patients were normal and only two patients had possibility of haemorrhoids. For all these reasons, abdominal ultrasonography was performed in only two patients and was normally resulted.

Conservative treatment is the main treatment for haemorrhoids and can be combined with medical treatment [1]. Dietary

modification against constipation to decrease the harmful effect of stool on the haemorrhoids is important. It is also important to treat with warm water bathes, training in toilet habits and anti-hemorrhoid analgesics, to lessen the symptoms [1, 2]. Babu et al reported that anal dilatation; injection with sclerosing agents or excision might be use [5]. In our series, none of our patients have been operated. All of them recovered with conservative treatments. We also used anti-inflammatory drugs with local anaesthetic pomade to treat the symptoms like pain and enlargement.

To our knowledge, our series is one of the biggest groups of haemorrhoids at paediatric age group (6). In addition, the patients were followed long enough to find out how to proceed. We have followed up 5 patients, approximately 4 years. In these patients, hemorrhoids disease did not occur again. In addition, a serious illness, such as portal hypertension did not occur. Follow-ups are underway for seven patients, and yet has not been any disease. In our opinion, follow-up procedures of haemorrhoid diseases may be valuable to make a decision for the severity or predictive effect of the disease. In light of our findings we can say that nonrecurring or healed hemorrhoid disease may not be harbinger for serious diseases. So, almost all haemorrhoids are not the predictor for severe diseases.

CONCLUSION

Hemorrhoid diseases in children are not considered in detail, therefore making it less available literature data. So far, there is not a discussion based on adult treatment programs. However evaluation criteria may be revised. According to our study, existences of serious diseases related to haemorrhoid disease are extremely rare and even laboratory examinations must not be performed for this reason. In other words, laboratory tests may not be very necessary. Also, Economical consequence may be seen if accurate evaluations are made. Data is

insufficient. Decision-making will be effective after enough data is published.

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