Immediate Haemorrhoidectomy for Thrombosed Fourth Degree Haemorrhoids

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Thrombosed fourth degree haemorrhoid is an irreducible prolapsed vascular anal cushion containing cloned blood. Some workers advocate initial conservative management for such cases because post-operative complications like anal strictures are common after immediate haemorrhoidectomy[1], while others prefer to do immediate haemorrhoidectomy for such cases claiming that the procedure is safe[2,3]. The present study of immediate haemorrhoidectomy was carried out on patients with thrombosed haemorrhoids to study the post-operative outcome.

Patients, Methods and Results

Eleven African patients with thrombosed fourth degree haemorrhoid seen between June, 1989 to June, 1992 were included in the study. Information recorded included sex, age, occupation, diet, symptoms, signs, full blood count, operative findings, operating time, hospital stay and post-operative complications. Endoscopy and barium enema were not done due to non-availability of the instrument and the high cost. Open haemorrhoidectomy was carried out on all patients after enema saponia within 24 hours of admissiot Of eleven patients, eight were male and three female. The mean age for males was 36±8.5 years and for females 27±4 years. Seven patients had haemorrhoids at 3,7 and 11 o'clock position, 2 at 3,5, 7and 11 o\'clock and 1 each at 5 and 7 o\'clock position. The operating time was 35.5±6 minutes. None of the patients had haemodynaniically significant blood loss and all were discharged on eighth post-operative day after rectal examination. There was no significant post-operative complication in any of the patients.

Comments

Thrombosed fourth degree haemorrhoid contains clotted blood and is usually a very painful condition. The treatment advocated by some authorities is conservative which includes hospital admission, ice packs, elevation of the foot of the bed and analgesia[4]. This view is supported by the fact that a proportion of patients achieve spontaneous cure after an attack of thrombosed haemorrhoid[5], However, it often takes longer than ten days for the providing mass to shrink within the anus and this is a painful anddistressingtime forthe patient. The swelling if reducible, of tenprolapses again within a few hours and the patient ultimately needs haemorrhoidectomy at a later stage. Immediate surgery solves the problem once and forall and should beprevferred if it couldbe provento be safe. The listed complications of thrombosed haemorrhoid include ulceration, gangrene, fibrosis, suppuration and pylophlebitis. A patient is less likely to have these problems if he has haemorrhoidectomy. The following complications were reported as being liable to follow operations on thrombosed haemorrhoids; infection or the haemorrhoidal bed, pylophlebitis, local abscess, fistula, haemorrhage and anal stenosis. None of our patients had these problems pmbably because all had prophylactic antibiotics and good mucocutaneous bridges were retained between the excised haemorrhoidal masses. This study confirms that the dangers of operation in the acute stage have been exaggerated[6] and we recommend that patients with thrombosed haemorrhoid should be offered immediate haemorrhoidectomy.

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