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External hemorrhoidal thrombosis in recent births at the maternity ward of Saint Camille Hospital in Ouagadougou

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Abstract

Introduction: External hemorrhoidal thrombosis is a clinical is most common postpartum proctologic accident. The aim of this work was to study hemorrhoidal thrombosis in recent mothers, in order to help improve its management.

Patients and Methods: This was a descriptive and analytical cross-sectional study that was carried out at Saint Camille Hospital in Ouagadougou, Burkina Faso. Data collection was prospective and took place over a period of three months from September 1st to November 30, 2019. The study population consisted of recent births. The interview with the patients and their physical examination enabled the collection of data.

Results: During the study period, 384 women were examined and 56 (14.6%) of whom presented with external hemorrhoidal thrombosis. The average age of patients who presented with external hemorrhoidal thrombosis was 29 years \pm 5.2. The external hemorrhoidal thrombosis appeared in the form of a painful swelling at the level of the anal margin. In multivariate analysis, dyschezia and personal history of hemorrhoidal disease were risk factors for external hemorrhoidal thrombosis in the postpartum period (OR = 37.4 [6.8-205.7]; OR = 23.9 [3.3-174.2]. Consumption of fruit and foods rich in dietary fiber were protective factors against the occurrence of this risk (OR = 0.02 [0.002-0.3]).

Conclusion: External hemorrhoidal thrombosis remains a complication to be taken into account during the monitoring of postpartum women. It is important to encourage pregnant women to consume foods and fruits rich in fiber seem to reduce the risk of its occurrence.

Keywords: Hemorrhoid-thrombosis-postpartum, proctologic, sociodemographic characteristics

Introduction

External hemorrhoidal disease or external hemorrhoidal thrombosis is a clinical manifestation of haemorrhoids located below the pectineal line ^[1, 2]. It is the most common postpartum proctologic accident. Indeed, the changes in the hemorrhoidal tissue induced by pregnancy and childbirth through the increase in intra-abdominal pressure and the high level of estrogen would predispose women to this pathology ^[3]. It would affect one in five women after childbirth and 35% of deliveries could present this type of complication ^[4]. It is a pathology that is often misunderstood and neglected ^[4]. Due to its location, it affects intimacy and makes it a taboo subject, because it is seen as a shameful disease in our African societies that does not motivate women to talk about it, which contributes to underestimating its extent. Although benign, this pathology can greatly impair the quality of life and be troublesome when painful crises are frequent ^[3]. The aim of this work was to study hemorrhoidal thrombosis in recent mothers, in order to help improve its management.

Patients and Methods

This was a descriptive and analytical cross-sectional study that was carried out at Saint Camille Hospital in Ouagadougou, Burkina Faso. Data collection was prospective and took place over a period of three months from September 1 to November 30, 2019. The study population consisted of recent births. The sample size was estimated based on the Schwartz formula. In the absence of data in our context on the prevalence of external hemorrhoidal thrombosis in recent births, the proportion p was estimated at 50%.

With an alpha error risk of 5%, the calculated minimum size was 384. The patients were recruited in postpartum on the basis of accidental sampling among admitted women. The interview with the patients and their physical examination enabled the collection of data, supplemented by a documentary review based on the use of medical records, birth registers and health records. The proctologic examination was performed in the patients in the knee-chest position in a well-lit room allowing respect for their privacy. Patients with external hemorrhoidal thrombosis were put on treatment and re-examined one week later during postnatal follow-up to assess the evolution. Data analysis was done using EPI info software in version 7.2.2.6. Multivariate analysis by logistic regression enabled us to derive Odds Ratio (OR) with a 95% confidence interval for each of the different factors studied. The significance level of the p-value retained was set at 5%. Informed patient consent was required. The confidentiality of the data collected was

respected. The protocol received approval from the ethics committee.

Results

During the study period, 384 women were examined, 56 of whom presented with external hemorrhoidal thrombosis, a frequency of 14.6%.

Sociodemographic characteristics of patients with external hemorrhoidal thrombosis: The average age of patients who presented with external hemorrhoidal thrombosis was 29 years \pm 5.2 with extremes of 17 and 40 years. The mean gravity was 2.4 \pm 1.7 with extremes between 1 and 5. Twenty patients (35.7%) were primigest, 26 (46.4%) paucigest and 10 (17.9%) multigestic. The average parity was 1.9 \pm 1.3 with extremes of 1 and 6. In 40.3% of cases, they were women working in the informal sector. The Sociodemographic characteristics of patients with external hemorrhoidal thrombosis are summarized in Table I.

Table 1: Sociodemographic characteristics of recent mothers with external hemorrhoidal thrombosis at Saint Camille Hospital in 2019, (n = 56)

Features	Effective	Percentage (%)
Age (year)		
[15-20]	1	1.8
[20-25]	11	19.6
[25-30]	18	32.1
[30-35]	14	25
[35-40]	11	19.6
[40-45]	1	1.8
Parity		
Primiparous	24	42.8
Pauciparous	26	46.4
Multipara	6	10.7
Place of residence		
Ouagadougou	53	94.6
Outside Ouagadougou	3	5.4
Socio-professional status		
Pupil/student	14	25
Housewife	13	23.2
Official	12	21.4
Trader	7	12.5
Seamstress	6	10.7
Hairdresser	4	7.1

Characteristics of external hemorrhoidal thrombosis

The external hemorrhoidal thrombosis appeared in the form of a painful swelling at the level of the anal margin in 56 cases. The swelling was edematous in 37 cases (66.1%) and was represented by a flabby skin fold in 20 cases (35.7%). The functional signs accompanying external hemorrhoidal thrombosis are summarized in Table II.

Table 2: Frequency of functional digestive signs associated with external hemorrhoidal thrombosis in recent births at Saint Camille Hospital in 2019, (n = 56)

Functional signs	Effective	Percentage (%)
anal pain	56	100
Dyschesia	45	80.3
Constipation	33	58.9
Pruritus ani	26	46.4

Therapeutic and evolutionary aspects of external hemorrhoidal thrombosis

Laxatives, vein tonics drugs, step I analgesics and steroidal anti-inflammatory drugs were the types of products prescribed for the management of external hemorrhoidal thrombosis as summarized in Table III.

Table 3: Products used for the management of recent births with external hemorrhoidal thrombosis at Saint Camille Hospital in 2019, (n = 56)

Medications	Workforce	Percentage (%)
Diosmin	56	100
Paracetamol	55	98.2
Macrogol	34	60.7
Prednisone	1	1.7

After seven days of treatment, anal pain is completely alleviating in all patients (Table IV).

Table 4: Evolution after seven days of treatment of external hemorrhoidal thrombosis in recent births at Saint Camille Hospital in 2019, (n=56)

Evolution	Effective	Percentage (%)
Amendment of anal pain	56	100
Amendment of the THE*	14	25
Aftermath Marks	42	75

EHT: External Hemorrhoidal Thrombosis

Factors associated with the presence of external hemorrhoidal thrombosis in the postpartum

In univariate analysis, the factors associated with the occurrence of external hemorrhoidal thrombosis in the postpartum were parity, mode of delivery, duration of labour, birth weight, certain digestive disorders (constipation, dyschezia), eating habits and history of hemorrhoidal disease (table V).

Table 5: Univariate analysis looking for factors associated with the occurrence of external hemorrhoidal thrombosis in recent births at Saint Camille Hospital in 2019.

Factors	EHT	No EHT	OR [95% CI]	p-value
Parity				
Primipara (1)	5	2	15.9 [3-84.5]	0.0011
Multiparous > 1	51	326		
Delivery route				
Low	55	243	19.2 [2.6-141.1]	0.004
High	1	85		
Type of birth				
Dystocic	30	108	2.3 [1.3-4.2]	0.003
Eutocic	26	220		
Sedentary lifestyle				
Yes	55	314	2.4 [0.3-19]	0.391
No	1	14		
Obstetric manoeuvres				
Yes	32	13	1.1 6 [0-1.2]	0.974
No	24	315		
Birth weight in grams (g)				
< 3000	5	126	0.2 [0.06- 0.4]	0.0001
≥ 3000	51	202		
Constipation				
Yes	33	14	32.2 [15.1-68.4]	< 0.0001
No	23	314		
Dyschezia				
Yes	45	26	47.5 [21.9-102.7]	< 0.0001
No	11	302		
Regular consumption of fruit				
Yes	15	311	0.02 [0.01 - 0.03]	< 0.0001
No	41	17		
Regular consumption of fiber-rich foods				
Yes	30	322	0.02 [0.01 - 0.05]	< 0.0001
No	26	6		
Personal history of hemorrhoidal disease				
Yes	33	32	13.2 [6.9 - 25.3]	< 0.0001
No	23	296		
Family history of hemorrhoidal disease				
Yes	10	11	0.6 [2.5 - 15.6]	0.0001
No	46	317		
Duration of labor (hour)				
< 8	18	153	0.2 [0.1 - 0.3]	< 0.0001
[8 - 12[	10	60	0.2 [0.1 - 0.6]	0.0015
[12 - 24[	19	27	0.7 [0.2 - 1.8]	0.431
≥ 24	9	19		

Table 6: Multivariate analysis looking for factors associated with the occurrence of external hemorrhoidal thrombosis in recent births at Saint Camille Hospital in 2019.

Factors	EHT	No EHT	OR [95% CI]	p-value
Parity				
Primipara (1)	5	2	3.9 [0.03-456.1]	0.573
Multiparous >1	51	326		
Delivery route				
Low	55	243	37.8 [0.2-8766.6]	0.191
High	1	85		
Type of birth				
Dystocic	30	108	2.7 [0.2-37.5]	0.446
Eutocic	26	220		
Birth weight in grams (g)				

< 3000	5	126	0.2 [0.02-1.5]	0.116
≥ 3000	51	202		
Constipation				
Yes	33	14	4.4 [0.8-22.9]	0.074
No	23	314		
Dyschezia				
Yes	45	26	37.4 [6.8-205.7]	< 0.0001
No	11	302		
Regular consumption of fruit				
Yes	15	311	0.04 [0.008-0.3]	0.0006
No	41	17		
Regular consumption of fibre-rich foods				
Yes	30	322	0.02 [0.002-0.3]	0.003
No	26	6		
Personal history of hemorrhoidal disease				
Yes	33	32	23.9 [3.3-174.2]	0.002
No	23	296		
Family history of hemorrhoidal disease				
Yes	10	11	0.4 [0.03 - 6.5]	0.547
No	46	317		
Duration of labor (hour)				
< 8	18	153	0.5 [0.02-15.7]	0.707
[8 - 12[	10	60	0.5 [0.04-6.7]	0.617
[12 - 24[	19	27	0.09 [0.003-2.4]	0.154
≥ 24	9	19		

Discussion

The frequency of external hemorrhoidal thrombosis in recent births was 14.6%. This result is comparable to those of Sehonou *et al* [5] in Benin who found 14.8%. On the other hand, Abramowitz *et al* [6] in France found a higher frequency respectively of 20%. Sitting posture during defecation is a factor that distinguishes developed regions from undeveloped regions [7] in terms of the risk of occurrence of external hemorrhoidal thrombosis. In societies that have adopted Western toilets, the position during defecation is that of sitting, as opposed to the squatting position in traditional toilets [7, 8]. Subjects would likely spend more time on the seated toilet than on the squat toilet [8], which could apply to most women in our study.

The average age of the patients was 29 years old. This result is similar to that of Abramowitz *et al* [6] in France who found an average age of 30.6 years. According to some authors, there is no predilection age for the occurrence of external hemorrhoidal thrombosis postpartum [9, 10]. However, it is recognized that advanced age is responsible for the weakening of connective tissue and therefore could favour the occurrence of hemorrhoidal thrombosis [11].

The diagnosis of external hemorrhoidal thrombosis was made by painful swelling at the anal margin in all patients. This result was consistent with that of Abramowitz *et al* France [6]. External haemorrhoids are vascular structures located below the pectineal line under the anal margin, which would explain this symptomatology at the level of the anal margin following the mechanical and/or vascular factors responsible.

Anal pain was the most frequent functional sign with a percentage of 100%. This result was similar to that of Poskus *et al* [12] in Lithuania who found a frequency of 98.4% in recent births. Anal pain is the warning sign of external hemorrhoidal thrombosis [13, 14].

Pruritus ani was found in 48.2% of cases. This result is much lower than that of Poskus, *et al* [12] in Lithuania (80.5%). In fact, pruritus is one of the signs of external hemorrhoidal thrombosis [15]. This difference in results could be explained by the fact that in our series, several

women presented with external hemorrhoidal thrombosis in the immediate postpartum period; distinguishing pruritus from pain in this context was therefore difficult for them.

After seven days of treatment, anal pain is completely absent in 100% of patients; marisques were found in 75% of patients. Our data are consistent with those observed in the literature [16, 17] which state that the therapeutic effects generally occur after 3 to 5 days.

As for the marisk, it constitutes a sequela of the external hemorrhoidal thrombosis and can often testify to a history of hemorrhoidal disease. It is very often a source of aesthetic discomfort and may require surgical treatment [3, 18].

Dyschezia in our series represented a risk factor for the occurrence of external hemorrhoidal thrombosis (OR = 37.4; P=0.0001). Abramowitz *et al* [16] in France also found dyschezia to be a risk factor. It is a frequent sign during the third trimester of pregnancy, attributable to the compression of the colon by the gravid uterus [17]. Diarrhea, although not identified in our series, is a factor associated with the occurrence of external hemorrhoidal thrombosis generally found [19-21]. Indeed, the increase in stool frequency would be responsible for irritation of the anal region [18, 22].

The personal history of hemorrhoidal pathology was a risk factor for external hemorrhoidal thrombosis. Poskus, *et al* [12] in Lithuania also made the same observation. Heredity would therefore be incriminated in the occurrence of external hemorrhoidal thrombosis [23]. However, many authors [3, 24] mentioned in their study the history of hemorrhoidal pathology without however establishing statistical proof.

Consumption of fibre-rich foods and fruits has been found to reduce the risk of external hemorrhoidal thrombosis external hemorrhoidal thrombosis in recent mothers. The authors [12, 13, 16] recommend in most cases the consumption of fruits and foods rich in fibre in the prevention and treatment of constipation without, however, establishing a statistical link between the reduction in the risk of external hemorrhoidal thrombosis in the postpartum period and the consumption of these foods. However, the fight against

constipation would act indirectly on the reduction of excessive pushing during bowel movements^[18].

Conclusion

External hemorrhoidal thrombosis remains a complication to be taken into account during the monitoring of postpartum women. Consumption of foods and fruits rich in fiber seem to reduce the risk of its occurrence. It is therefore important to encourage pregnant women to consume such foods and fruits.

A prospective and multicenter study on external hemorrhoidal thrombosis in pregnant women and in the postpartum could allow to better estimate the frequency and the risk factors.

Author Contributions

HZ: Design of the study, conduct of the study, analysis of the results, writing of the manuscript, approval of the manuscript. AC: Design of the study, analysis of the results, writing of the manuscript, approval of the manuscript. DPK: Design of the study, analysis of the results, writing of the manuscript, approval of the manuscript. SK: Design of the study, analysis of the results, writing of the manuscript, approval of the manuscript. SMKS: Design of the study, conduct of the study, analysis of the results, writing of the manuscript, approval of the manuscript. AO: Design of the study, conduct of the study, analysis of the results, writing of the manuscript, approval of the manuscript.

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Conflict of Interest

The authors have no conflicts of interest.

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