

SCLEROTHERAPY IN PILES: A CASE REPORTProf. Sharma R. K.¹, Dr. Shah H. S.*² and Dr. Gamit Chintan³¹Professor, Department of Shalyatantra, Government Akhandanand Ayurveda College, Ahmedabad, Gujarat-India.²Associate Professor, Department of Shalyatantra, Government Akhandanand Ayurveda College, Ahmedabad, Gujarat-India.³PG Research Scholars, Department of Shalyatantra, Government Akhandanand Ayurveda College, Ahmedabad, Gujarat-India.***Corresponding Author: Dr. Shah H. S.**

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ABSTRACT

Hemorrhoids are tortuosity of rectal veins. Various operative and non-operative therapeutic options are in practice to treat hemorrhoids, yet none has been proven cent percent effective. Sclerotherapy is a simple, safe and cost effective procedure that is widely practiced globally to treat hemorrhoids. Many sclerosants are being used with variable efficacies. In this study sclerosants Polidocanol Inj. ASKLEROL used to find out the safety and efficacy as an office procedure in hemorrhoids.

KEYWORDS: Sclerotherapy, Hemorrhoids.**INTRODUCTION**

Hemorrhoids disease is a common problem that affects a large number of patients.

Usually multiple remedies are used by patients without medical advice and for several reasons and consultation with a specialist is often delayed.

Hemorrhoids is believed to be one of the most widely spread human suffering ranking first among diseases of the rectum and large intestine. Various modalities for the treatment of hemorrhoids exist, however efforts are being made to treat hemorrhoids as outpatient procedure. Non-surgical outpatient treatment has a great impact on the patients' perception of the disease and results.

In the treatment of hemorrhoids all the procedures might have good results, if indications are correct.

Injection sclerotherapy is preferable to current coagulation for the outpatient treatment of hemorrhoids, because it is quicker, less tedious and a more comfortable procedure with equally effective early results.

Septic complications following both conservative and surgical treatment of hemorrhoids are rare but catastrophic. Impotence has been reported as a rare but important complication of sclerotherapy for hemorrhoids.

MATERIAL AND METHODS

In this case report patient selected from OPD of GAAC & Hospital Ahmedabad, Per-rectal examination and proctoscopic examination was used to confirm the disease. Patient having second degree hemorrhoids was selected for this case.

In this case patient having c/o Pain less Bleeding per rectum since 6 weeks O/e second degree pile mass seen at 7 o'clock in proctoscopic examination. Sclerotherapy was conducted for this patient.

MATERIAL

Polidocanol 3% in 2ml (Inj. ASKLEROL 3%), 2% Lignocaine solution, Needle no. 23/24, Lignocaine jelly, Anoscope with self illuminator, 5cc syringe, gloves and Gauze piece.

Procedure

After taking consent, patient was laid in lithotomy position. An aseptic condition sub mucosal injection (around pedicle) of pre defined sclerosant (1cc) was injected. Injection should be given above dentate line where little or no pain should be felt. Maximum three injections were given per session.

Post Procedure

Needle was withdrawn slowly after 10 to 15 seconds so as to avoid bleeding and leakage of sclerosant. Slight bleeding after the injection was controlled with a gauze

piece by pressure was left in place for a while. Patient were kept in supine position for a few minutes and observed for any side effects. Patients were advised Hot Seitz bath, high fiber diet, plenty of fluids and non steroidal anti inflammatory drugs if there is dull pain or discomfort.

Follow Up

Patient was called for follow up per week for two moths. P/R and Proctoscopy was done to evaluate the size of hemorrhoids and other complaints regarding haemorrhoids.

RESULTS

The results were declared as relief of bleeding per rectum and prolapse which comprised the main symptom of the patient.

Bleeding per rectum; there was no bleeding P/R after procedure.

But there was no change in size of pile mass till one week, after two weeks about 2mm of size of pile mass decreased.

After four weeks of follow up there was completely decreased pile mass and there was no bleeding per rectum seen as well. There was significant result was seen in this case after 4 weeks follow up.

Other complaints: Patient had fullness of abdomen and constipation, those complaints was treated symptomatically with medicines.

DISCUSSION

Hemorrhoids are one of the common surgical problems widely prevalent in all societies.

Injection sclerotherapy is an older method of treating hemorrhoids non-surgically. It is very effective and a less tedious procedure but is not free from complications which can be serious sometimes. Rare complications reported were liver abscess¹⁸.

Despite all these associated complications, injection sclerotherapy, because of its ease of use and effectiveness, is the widely used non- surgical method of treating hemorrhoids.

CONCLUSION

In this case report we found injection sclerotherapy to be a suitable office procedure for the treatment of hemorrhoids. Polidocanol sclerosant which is effective in relieving symptoms of bleeding and prolapse with least complications.

It is simple to administer, reasonably painless and requires no fancy equipment. Being an office procedure. Hence these should be strongly considered as a modality

in the treatment of symptomatic 1st and early 2nd degree hemorrhoids. But further study should be required.

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