Hemorrhoids are one of the most common anorectal problems affecting pregnant women, and influence the quality of life negatively.

Pregnancy is a well-known risk factor that may predispose women to increase severity of hemorrhoids.

25% to 35% of pregnant women are suffered from hemorrhoids.

Methods and Materials

51 primigravid pregnant women were recruited from the outpatient gynecology and obstetrics clinic of university between January 2016 and May 2016.

Inclusion criteria: Being singleton pregnancy and having no previous history of anorectal diseases before the current pregnancy.

Exclusion criteria: Pregnant women having any gastrointestinal diseases and pelvic or anal surgery

Sociodemographic, physical characteristics, medical and clinical history of the pregnant women were recorded.

Hemorrhoids and other anorectal symptoms were evaluated by self-developed questionnaire.

Chronic constipation was assessed using the Rome III Diagnostic Criteria.

All evaluations were performed in the first (11-14th gestational week), second (24th gestational week), and third trimester (32th gestational week) of pregnancy.

Table 1. Comparison of hemorrhoid and other anorectal symptoms among three trimesters.

<table>
<thead>
<tr>
<th>Variables</th>
<th>First trimester (n=51)</th>
<th>Second trimester (n=51)</th>
<th>Third trimester (n=51)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemorrhoids (yes)</td>
<td>13 (25.5%)</td>
<td>14 (27.5%)</td>
<td>22 (43.1%)</td>
<td>0.669*</td>
</tr>
<tr>
<td>Severity of hemorrhoids</td>
<td>1.5 (1-2)</td>
<td>2 (1-3)</td>
<td>2 (1-3)</td>
<td>0.662*</td>
</tr>
<tr>
<td>Constipation (yes)</td>
<td>6 (11.8%)</td>
<td>11 (22.2%)</td>
<td>15 (30.6%)</td>
<td>0.038*</td>
</tr>
<tr>
<td>Perianal discomfort (yes)</td>
<td>5 (10.2%)</td>
<td>8 (15.7%)</td>
<td>7 (14.3%)</td>
<td>0.870</td>
</tr>
<tr>
<td>Mucous discharge (yes)</td>
<td>10 (20.4%)</td>
<td>16 (32.7%)</td>
<td>17 (34.7%)</td>
<td>0.191</td>
</tr>
<tr>
<td>Icteric (yes)</td>
<td>6 (12.2%)</td>
<td>5 (10.2%)</td>
<td>5 (10.2%)</td>
<td>0.905</td>
</tr>
<tr>
<td>Burning (yes)</td>
<td>3 (6.1%)</td>
<td>4 (8.2%)</td>
<td>8 (15.7%)</td>
<td>0.487</td>
</tr>
<tr>
<td>Perianal pain (yes)</td>
<td>4 (8.2%)</td>
<td>6 (12.2%)</td>
<td>10 (20.4%)</td>
<td>0.638*</td>
</tr>
<tr>
<td>Protrusion (yes)</td>
<td>4 (8.2%)</td>
<td>4 (8.2%)</td>
<td>6 (12.2%)</td>
<td>0.861</td>
</tr>
<tr>
<td>Bleeding (yes)</td>
<td>2 (4.1%)</td>
<td>3 (6.1%)</td>
<td>3 (6.1%)</td>
<td>0.846</td>
</tr>
</tbody>
</table>

Results

- The mean age of 51 pregnant women was 31.4±3.6 years (range: 24-39).
- The mean Body Mass Index (BMI) of pregnant women in each trimester was 24.44±2.59 kg/m², 26.31±3.11 kg/m², and 27.91±3.22 kg/m² respectively.
- Hemorrhoid was present in 13 (25.5%), 14 (27.5%), and 22 (43.1%) women and constipation was present in 8 (16.3%), 11 (22.4%), and 15 (30.6%) women in the 11–14th, 24th, and 32th gestational weeks, respectively.
- There were significant differences in the percentage rates of hemorrhoids (p=0.009), severity of hemorrhoids (p=0.002), constipation (p=0.035), and perianal pain (p=0.030) among trimesters (Table 1).
- It was found to be statistically significant (p<0.05) and highest in the third trimester in terms of the presence rate of hemorrhoids, constipation, perianal pain and severity of hemorrhoids (Table 1).

Discussion

- The finding of the present study revealed that the presence of hemorrhoids, constipation, perianal pain and, severity of hemorrhoids increased proportionally to the gestational week.
- The risk factors for the development of anorectal problems during pregnancy are increased intra-abdominal pressure by the enlarging gravid uterus causing vascular engorgement and venous stasis.
- Furthermore, especially in the third trimester increased pressure on the recto-sigmoid colon related to the gravid uterus may aggravate the symptoms of constipation and perianal pain.

Concluding Message

Hemorrhoids and hemorrhoids-related anorectal problems tend to worsen as pregnancy progresses. Therefore, conservative therapeutic approaches should be given by health professionals before pregnancy or in early pregnancy to prevent the occurrence and progression of such anorectal problems.

References


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