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#90 HEMORRHOIDS RELATED ANORECTAL SYMPTOMS IN PRIMIGRAVID WOMEN - A FOLLOW UP STUDY THROUGHOUT THREE TRIMESTERS

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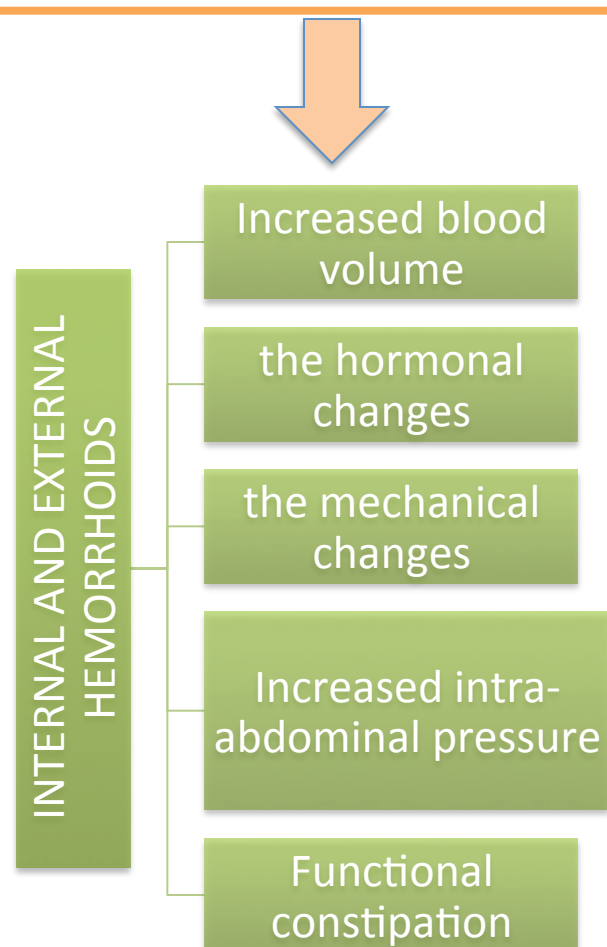
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Introduction

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



Due to excessive straining in constipation, hemorrhoids may become more complicated.

The aim of the present study was to determine the presence of hemorrhoids and other anorectal symptoms in the first, second, and third trimester.

Methods and Materials

- 51 primigravid pregnant women were recruited from the outpatient gynaecology and obstetrics clinic of university between January 2016 and May 2018.
- **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
- Sociodemographics, 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.

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±2.99 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.



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

Variables	First trimester (n=51)	Second trimester (n=51)	Third trimester (n=51)	p ¹
Hemorrhoid (yes)	13 (25.5%)	14 (27.5%)	22 (43.1%)	
p values	p ¹ (1st-2nd trimester) 0.983	p ² (2nd-3rd trimester) 0.064	p ³ (1st-3rd trimester) <0.001**	0.009*
Severity of hemorrhoids	1.5 (1-2)	2 (1-2)	2 (1-3)	
p values	p ¹ (1st-2nd trimester) 0.063	p ² (2nd-3rd trimester) 0.011*	p ³ (1st-3rd trimester) 0.026	0.002*
Constipation (yes)	8 (16.3%)	11(22.4%)	15 (30.6%)	
p values	p ¹ (1st-2nd trimester) 0.453	p ² (2nd-3rd trimester) 0.289	p ³ (1st-3rd trimester) <0.001**	0.035*
Perianal discomfort (yes)	5 (10.2%)	5 (10.2%)	7 (14.3%)	0.670
Mucous discharge (yes)	10 (20.4%)	16 (32.7%)	17 (34.7%)	0.191
Itching (yes)	6 (12.2%)	5 (10.2%)	5 (10.2%)	0.905
Burning (yes)	3 (6.1%)	4 (8.2%)	4 (8.2%)	0.867
Perianal pain (yes)	4 (8.2%)	6 (12.2%)	10 (20.4%)	
p values	p ¹ (1st-2nd trimester) 0.325	p ² (2nd-3rd trimester) 0.125	p ³ (1st-3rd trimester) <0.001**	0.030*
Protrusion (yes)	4 (8.2%)	4 (8.2%)	6 (12.2%)	0.651
Bleeding (yes)	2 (4.1%)	3 (6.1%)	3 (6.1%)	0.846
Anal fissure (yes)	0 (0%)	2 (4.1%)	3 (6.1%)	0.970

¹: Data are presented as median (25% - 75%) or number (percentage). *Overall comparison of differences among three trimesters; p¹: Comparison of differences between first and second trimester, p²: Comparison of differences between second and third trimester, p³: Comparison of differences between first and third trimester. *p<0.05. **p<0.001

References

1. Staroselsky A, Nava-Ocampo AA, Vohra S, Koren GJCFP. Hemorrhoids in pregnancy. 2008;54(2):189-90.
2. Longo SA, Moore RC, Canzoneri BJ, Robichaux AJCic, surgery r. Gastrointestinal conditions during pregnancy. 2010;23(2):80.
3. Vazquez, J. C. (2010). Constipation, hemorrhoids, and heartburn in pregnancy. *BMJ clinical evidence*, 2010.

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