

EXTERNAL HEMORRHOIDS IN CHILDREN

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ABSTRACT

Hemorrhoids in children are not common. The most common cause of hemorrhoids in the young children is portal hypertension. A 3 year old boy with history of hematemesis and external hemorrhoids is being reported. Patient had associated varices for which he was put on propranolol.

Key words External hemorrhoids, Child, Portal hypertension, Varices.

INTRODUCTION:

Hemorrhoids are cushions of submucosal tissue containing venules, arterioles and smooth muscle fibers that are located in the anal canal. Three hemorrhoidal cushions are found in left lateral, right anterior, and right posterior positions. External hemorrhoids are located distal to the dentate line and are covered with anoderm. Internal hemorrhoids are located proximal to the dentate line and covered by insensate anorectal mucosa. From 1582 till now there are many published papers on hemorrhoids.¹ Hemorrhoids in children are not common.^{2,3} In this case report we describe one such patient.

CASE REPORT:

A 3 year old boy presented with a history of hematemesis at the 8 months of age. Endoscopy was performed and grade II varices were detected. His birth weight was 4 kg and current body weight 12 kg. Patient had no history of icter, blood transfusion, constipation and rectal bleeding. From age of 8 months until now, he had no problem. He was on propranolol, and sucralfate. In physical examination, he had hemorrhoids (figure-1).

DISCUSSION:

The most common cause of hemorrhoids in the young children is portal hypertension. A prospective study of 60 children with portal hypertension showed a significant incidence of hemorrhoids (33 per cent), anorectal varices (35 per cent) and external anal varices (15 per cent).⁴

Misra et al. concluded that the prevalence of hemorrhoids does not increase in patients with portal hypertension.⁵ Rarely, hemorrhoids may be found in association with colorectal malignancies.⁶ There is a report of perianal melanoma which presented as hemorrhoid.⁷

Portal hypertension was long thought to increase the risk of hemorrhoidal bleeding because of the anastomoses between the portal venous system (middle and upper hemorrhoidal plexis) and the systemic venous system (inferior rectal plexis). It is now understood that hemorrhoidal disease is no more common in patients with portal hypertension than in the normal population. Medical therapy, rubber band ligation, infrared photocoagulation, sclerotherapy, and other technique were used to treat hemorrhoids.⁸ Other supportive measures include control of constipation, increasing intake of fiber, use of anti pruritus drugs, use of hemorrhoidal cream etc.⁹ As mentioned earlier, we should investigate each patients with hemorrhoids for the portal hypertension. Although the rare cause of hemorrhoids such as malignancies, must be keep in mind.



Figure 1: External Hemorrhoids.

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