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Hemorrhoids: A Common Affliction in Pregnancy - Causes, Symptoms, and Management Strategies

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ABSTRACT

Blood vessels in the anal canal swell to become hemorrhoids, often known as piles. Hormonal changes, elevated intra-abdominal pressure, constipation strain, protracted labor, and huge baby delivery put pregnant women at higher risk. Hemorrhoids affect between 25–35% of pregnant women; however, many of them become better after giving birth. Constipation can be avoided by following a high-fiber diet, drinking lots of water, and exercising frequently. Maintaining proper cleanliness is crucial, and strengthening the pelvic muscles can be achieved with Kegel exercises. If hemorrhoid symptoms worsen, get medical advice and treatment from a doctor.

Keywords:
Hemorrhoids, pregnant women, swollen blood vessels, constipation, kegel exercise.

Introduction:

Hemorrhoids, often called piles, are lumps or masses or tissue that are located in a person's anal canal. They are made of elastic and muscular fibers, with surrounding tissues to support them and enlarged, projecting blood vessels. This is a medical condition that is common in adolescence. The illness's real reason is yet uncertain (1).

Some women experience symptomatic hemorrhoids during or after pregnancy, especially in the third trimester and puerperium (2). Being pregnant and delivery through the vagina predispose women to experience symptomatic blood clots for any or all of the following reasons: changes in hormones, elevated pressure within the abdomen, constipation-related straining during defecation, long-term straining through the next phase of labor during a duration of twenty minutes or more, while giving birth to a baby evaluating more than 3800 grams. The development of pathological alterations and the occurrence of hemorrhoids are brought on by an interaction of increased pressure in the abdominal cavity, elevated congestion of the veins from the growing weight of the the developing baby, and obstruction of venous returns. Pregnancy-related elevated progesterone levels cause the veins' tone to decrease and the muscles that comprise the venous walls to weaken (2).

In the anal canal, hemorrhoids are cushions of submucosal vascular tissue that begin immediately proximal to the dentate line (3). The presence of these vascular cushions does not always signify hemorrhoidal illness because they are a typical anatomical feature of the anal canal. Symptoms of hemorrhoidal illness include bleeding, prolapse, discomfort, thrombosis, discharge of mucus, and itching. The most typical sign of hemorrhoidal illness is rectal bleeding. Usually bright crimson in color, the bleeding shows up on toilet paper or runs into the toilet bowl (4).

Pathophysiology:

It is unclear which particular pathophysiology hemorrhoidal development follows. Hemorrhoids and anorectal varices have been proven to be distinct phenomena, eliminating the varicose vein theory which suggested that piles were caused by the presence of varicose veins in the anal canal obsolete. In actuality, piles are not less prevalent in people with varices and portal hypertension (5).

Classification:

Haemorrhoids can be combined (internal and exterior components), occur inside, or arise externally. During defecation, a perianal mass could become visible if prolapse occurs. Internal haemorrhoids, which originate from the inside of the haemorrhoidal plexus over the surface of the dentate line, and outside haemorrhoids, which originate from the outside of the haemorrhoidal plexus underneath the dentate line, are the two categories into which it can be subdivided (6). Traditionally, internal hemorrhoids are categorized into four degrees. First class (sometimes called grade I) When you defecate, the hemorrhoids bleed, though they do not prolapse. First-degree hemorrhoids with minor symptoms are typically caused by blood leaking from arterioles or veins with thin walls that are minimally irritated. Conservative treatment, such as changing the diet to include more fiber and paying attention to anal hygiene, is frequently sufficient. Ablation of the arteries with non-surgical ablative procedures such rubber band ligation, infrared coagulation, or injectable sclerotherapy may be necessary in cases of recurrent rectal bleeding. In the UK today, infrared coagulation is rarely utilized in clinical practice (7).

Epidemiology:

Pregnancy and spontaneous vaginal delivery increase the risk of developing HD because they cause constipation, reduce venous outflow because of increased circulatory blood volume, relax progesterone's venous effect, and enlarge the uterus, which raises pressure in the rectal veins (8). About 25–35% of pregnant women have HD, which is most common in the last trimester of pregnancy and the first month following birth (9).

Pregnant women who were carrying multiple fetuses or had a history of hemorrhoids were more likely to get hemorrhoids. Topical ointments were the most often utilized treatment for hemorrhoids during pregnancy; just 1.8% of individuals required an operation or surgery (3).

Three weeks after giving birth, 496 (82.1%) of the women answered to the questionnaire; 1.5 years later, 120 (70%) of the women answered. Three weeks after giving birth, the intervention group's women experienced less haemorrhoids symptoms than the control group's (adj. OR 0.6 95% CI 0.4–0.9). After 1.5 years, 50.8% of the women in the intervention and control groups who had hemorrhoids three weeks after giving birth were still having issues. Because of their symptoms, most women did not seek medical attention. The women felt abandoned by the medical system when they stated that they had hemorrhoids as a postpartum issue (2).

Prevention and treatment:

Topical analgesics and anti-inflammatory drugs relieve localized pain, bleeding, and discomfort temporarily. Pregnant women can take them due to their tiny doses and restricted systemic absorption; however, there is insufficient information available to determine whether any of them are safe to use during pregnancy (11).

Oral rutosides, hidrosmine, Centella asiatica, and disodium flavodate therapy for venous insufficiency. French maritime pine bark extract, or grape seed extract can lessen symptoms and improve capillary fragility and microcirculation. But there is still inconclusive evidence about their safety during pregnancy (12).

Many women's symptoms go away on their own quite quickly after giving birth. Preventive measures, including as eating more fresh produce and drinking lots of water, can greatly reduce symptoms in pregnant women. These measures should also be implemented during the postpartum phase and during the pregnancy. Preventing constipation is the primary means of preventing HD during pregnancy. (13).

Conclusion:

In conclusion, a considerable portion of expecting mothers experience hemorrhoids, which are a typical worry during pregnancy and after delivery. Their formation is aided by a number of circumstances, including elevated blood vessel pressure and hormonal changes. Many women may, however, control and lessen symptoms with the right preventive measures, such as a high-fiber diet, hydration, exercise, and upholding basic hygiene standards. Hemorrhoids can be unpleasant, but after childbirth, they usually go away on their own. A healthcare professional's advice is necessary for those who are in excruciating pain in order to receive the right treatment and alleviation.

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