

DEFINITIONS

1. Haemorrhoids are veins occurring in relation to the anus.
2. Haemorrhoids are classified as -
 - 2.1. **External** – external to the anal orifice and covered by skin.
 - 2.2. **Internal** – internal to the anal orifice and lying beneath the anal mucus membrane.
 - 2.3. **Intero-external** – an association of both the above varieties.
3. Haemorrhoids may be –
 - 3.1. **Primary** – ie not related to any other condition.
 - 3.2. **Secondary** or **symptomatic** – occurring as a result of some other condition.

CLINICAL MANIFESTATION

4. Haemorrhoids may give rise to a swelling at the anus, bleeding which is bright red and occurs at defaecation, discharge of mucus, pain or anaemia.

AETIOLOGY

PRIMARY HAEMORRHOIDS

5. It is held that, in view of the frequency with which the condition is seen in members of the same family, there may be a hereditary predisposing factor such as congenital weakness of the vein walls or an abnormally large arterial supply to the rectal plexus of blood vessels. Varicose veins of the legs and haemorrhoids often occur concurrently.
6. In quadrupeds, gravity aids – or at least does not retard – return of venous blood from the rectum and, consequently, venous valves are not required. Haemorrhoids are exceedingly rare in quadrupeds. In man, the weight of the column of blood unassisted by valves produces a high venous pressure in the lower rectum.
7. The collecting radicles of the superior haemorrhoidal vein lie unsupported in the very loose submucous connective tissue of the ano-rectum. These veins pass through muscular tissue and are liable to be constricted by its contraction during defaecation. The superior rectal veins, being tributaries of the portal vein, do not have valves.
8. Straining accompanying constipation or induced by over-purgation is considered to be a potent cause of haemorrhoids developing. Less often, the diarrhoea of enteritis, colitis or the dysenteries aggravates latent haemorrhoids. Many females date their haemorrhoids to parturition when the supporting tissues of the anal cushions may be stretched and torn.

SECONDARY HAEMORRHOIDS

9. These occur as an integral part of the underlying condition, hence the alternative name “secondary haemorrhoids”. They may arise –
 - 9.1. in association with carcinoma of the rectum which, by compressing or causing thrombosis of the superior rectal vein, gives rise to haemorrhoids
 - 9.2. during pregnancy due to compression of the superior rectal vein by the enlarged uterus and the relaxing effect of progesterone on the smooth muscle in the walls of the veins
 - 9.3. from straining at micturition consequent upon a stricture of the urethra or an enlarged prostate.

CONCLUSION

10. Haemorrhoids, which may be described as internal, external or intero-external, depending upon their site, may be **Primary** or **Secondary** in nature. Primary haemorrhoids result from a combination of congenitally defective vein walls together with the erect posture adopted by man and the lack of valves in the veins concerned. Secondary haemorrhoids result from some underlying condition which produces pressure on the rectal veins.
11. The appearance of haemorrhoids of both types may be brought forward in time by situations which have been outlined above and haemorrhoids which are already in existence may be aggravated by those same situations.

REFERENCES

- Thomson W H F. The Nature of Haemorrhoids. Br J Surg. 1975;62;542–552.
- Shafik A. The Pathogenesis of Haemorrhoids and Their Treatment by Anorectal Bandotomy. J Clin Gastroenterol. 1984;6;129–137.
- Mann C V and Russell R C G (Eds). Bailey and Love’s Short Practice of Surgery. 21st Ed. 1992. London. Chapman & Hall Medical. p1255–1263.

February 1996