

## Pruritis Ani (anal itch)

Pruritus ani is an extremely common symptom and is associated with a wide range of causes, however pruritus ani is more likely to represent a chronic itch/scratch cycle than infection. The itch/scratch cycle becomes self-propagating and results in chronic pathologic changes that persist even if the initiating factor is removed. When pruritus ani becomes chronic, the perianal area becomes thickened (lichenified) and appears white with fine fissures. Haemorrhoids rarely cause pruritus ani. Many patients believe pruritus ani is caused by poor hygiene and are overzealous in their attempts to clean the perianal area. Excessive cleaning, particularly the use of brushes and caustic soaps, aggravates the sensitive tissues and exacerbates the condition. This area can be highly sensitive to perfumes, soaps, clothes, and diet

### Treatment options

#### **Avoid foods that may worsen Pruritis Ani**

- Tomatoes, Caffeine and Cola, Alcohol such as whisky and beer, Citrus fruits, Dairy products

#### **Avoid products that may worsen Pruritis Ani**

- No soaps or clothes to clean the anal skin - just use warm water cloth to clean the anal skin.
- No deodorants or perfumes.
- Avoid vigorous cleansing with a towel - use moist cotton wool or a hair dryer.
- Avoid alcohol-based anal wipes.
- Avoid tight-fitting clothes.
- Only use white toilet paper to avoid allergy to dyes.
- Avoid fabric softener on underwear.
- Colchicine or Quinidine tablets.

#### **The following products may help**

- Wear a thin piece of cotton dusted with baby powder (you should not be able to feel it).
- Wear 100 percent cotton underwear.
- Baby wipes (moist towelettes) or "Anusol wipes" instead of toilet paper.
- Zinc oxide powder - "Curash" or "Anusol" after bowel actions.
- Xylocaine ointment 5% "Xyloproct".
- Fibre supplement (Metamucil).
- Antihistamine at night provides both anti itch and sedative effects.
- Corticosteroids creams such "Advantan ointment 1%" for short-term use.

#### **The following conditions need treatment if present**

- Diarrhoea or constipation.
- Anal incontinence, fissure, fistula.
- Prolapsed large complicated haemorrhoids producing leakage.
- Rectal prolapse.
- Anal infections with candida, scabies, herpes simplex.
- Psoriasis or dermatitis, diabetes mellitus, liver or thyroid disease

#### **Above all be patient!**

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