

PRURITUS ANI

Aetiology

- Inflammatory dermatoses - e.g. seborrhoeic eczema, flexural psoriasis, contact allergy, lichen sclerosis. May be no sign of skin disease elsewhere.
- Infection - e.g. viral warts, candida, tinea (dermatophyte infection), erythrasma (*Corynebacterium minutissimum*), herpes
- Parasitic infections - e.g. threadworms especially in children
- Metabolic problems - e.g. diabetes mellitus
- Malignancy - e.g. perianal carcinoma, extra mammary Paget's disease
- Poor hygiene - e.g. obesity and skin tags
- Anal leakage (irritant dermatitis) - e.g. sphincter dysfunction
- Stress

History

- Symptoms of itching or pain, any aggravating or relieving factors
- General health, medications & allergies – ask specifically about bowel history and use of creams, any problems with rest of skin, mouth etc
- Family history - diabetes, bowel problems
- Social history - including recent travel abroad and sexual health

Physical Examination

- Skin & perianal area - look for hairiness, faecal soiling, skin condition, eczema, lichenification, ulceration, fissures, skin tags, fistula etc
- Rectal examination
- Skin – psoriatic nails/scalp

Investigations

- Swabs for infection include HSV if fissures or ulcers, charcoal swab of affected area
- Sellotape swabs for threadworm ova
 - ⇒ apply sticky side down to perianal area, preferably in the morning before the patient has defaecated.
 - ⇒ Tape is then applied to a slide for microscopic examination.
- Urinalysis for glucose
- Consider skin biopsy and patch testing
- Skin scrapings if dermatophyte/fungal infection suspected or are non responsive to treatment, send to mycology lab. In Glasgow send to mycology lab at Western Infirmary and for RAH/Inverclyde send to local microbiology lab. Appropriate containers are available in every clinic

Management

General Advice

- Clean carefully after bowel motions
- Use aqueous cream instead of soap for washing (use fingers not a flannel); Avoid soap/ bubblebath/ shampooing in bath
- Wear loose soft cotton underwear
- Eat high fibre diet (avoids straining & hence haemorrhoids & fissures)
- Loose weight if appropriate
- Do not use any other creams or talcum, or eat spicy foods or other irritant foods
- Try not to scratch: try cotton gloves at night.

Threadworm

Enterobius vermicularis - small white thread-like (1-2cm) worms

- Females lay eggs in perianal region which are ingested and mature in the caecum (6 weeks incubation)
- Sources of infection: digital/anal/oral contact
 bedding (households/institutions)
 rimming (especially gay men)

Mebendazole 100 mg stat

May need second dose after 3 weeks if recurrence

➡ *Avoid in pregnancy – SEE BELOW*

A rigid regime of personal hygiene with the hope of “natural eradication” should be attempted, treating all other members of the family, in addition to aqueous cream perianally.

No treatment is licensed in pregnancy.

Other causes

- Intermittent bd use of mild topical steroid cream combined with antifungal
- Erythrasma: erythromycin 14/7
- In severe cases consider potent steroids, or systemic antipruritic agents (Doxepin or Amitriptyline).

Acute Anal Fissure

Recommend laxatives, non-constipating analgesics. Glyceryl trinitrate cream may also be used but must warn patient on risk of vasovagal episode, headache etc. Available as Rectogesic 0.4% GTN apply 2.5 cm twice daily for up to 8 weeks (non formulary). Diltiazem cream is used as an alternative for patients who are intolerant of GTN.