

What Causes Pruritus Ani?

Many people develop pruritus ani (itchy anus) at sometime or other. The skin around the anus is sensitive and difficult to keep clean. Seepage of faeces and moisture are the commonest factors that cause this condition. Hair near the anus may aggravate the problem. The skin becomes irritated causing itchiness and the urge to scratch leads to skin damage, more irritation and a persistent cycle develops. Several common complaints such as allergies, diabetes and inflammatory bowel disease may involve the skin around the anus causing pruritus. Haemorrhoids with associated mucous discharge may also be associated with this problem. In children, threadworms may be the cause.

Symptoms

Itch, a raw feeling and occasional bleeding (caused by scratching) are the common symptoms. The urge to scratch is sometimes uncontrollable. Stress, a change of living circumstances or a change in diet may make the condition worse. Diarrhoea necessitating frequent cleaning of the anus will irritate pruritus.

Diagnosis

Don't be embarrassed about seeing a doctor. This condition is very common. Your doctor will want to examine your anus and an "internal" as well as an "external" examination will be necessary. Swabs or scrapings of the skin near the anus are sometimes taken for pathology examination. More complex bowel tests are usually not necessary.

Treatment

Surgery is not necessary. The important thing to do is keep the anal skin clean and dry with good anal hygiene. A medication that reduces the itch and has sedative side effects may be prescribed by the doctor. The condition has a tendency to recur. The ten golden rules of treatment are:

1. After a bowel action use only the softest toilet tissue to clean the anus. It is better to use a dabbing technique rather than rubbing across the anus as most people do. You may prefer to use small moistened cotton wool pads rather than toilet paper.
2. To remove any small particles of motion, the area can be kept thoroughly clean by washing with warm water (e.g. after each bowel action and/or before retiring at night).
3. Avoid rubbing with soap or applying antiseptics as this may increase irritation.
4. Ensure the skin around the anus is dry by gently dabbing with soft tissues, towel or cotton wool or using a hair dryer.
5. If an ointment is not being used, a drying powder or baby powder can be applied but avoid perfumed talcum powder etc.
6. Do not use ointment unless prescribed by your doctor. Note that ointments containing cortisone should be used in small amounts and not for prolonged periods.
7. Choose sensible clothing (e.g. cotton underwear rather than nylon briefs) and generally avoid tight fitting garments.
8. Keep your bowels regular with a high fibre diet or fibre supplement.
9. Improvement follows diligence. If it recurs be patient and continue with the above measures.
10. If these measures do not solve the problem you may need to see a skin specialist after consultation with your family doctor.

Colorectal Surgical Society of Australia and New Zealand (CSSANZ)

Members of the Society are surgical specialists practising exclusively in colorectal surgery - the management of diseases of the large bowel (colon), rectum, anus and small bowel. After completing general surgery training they have completed a further period of training and research in colorectal surgery. The Society's mission is the maintenance of high standards in colorectal surgery and colonoscopy in Australia and New Zealand through the training of colorectal surgeons and the education of its members, and to promote awareness, prevention and early detection of colorectal diseases in the community.

The CSSANZ Foundation is a trust with a board of governors whose objective is to support high quality research projects for colorectal surgeons in training and our members. Donations to the CSSANZ Foundation are fully tax deductible in Australia and can be sent to:

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