

Management

Primary Care management includes

Exclude secondary causes including fungal infections; dermatological conditions e.g. eczema; gastro-intestinal pathology e.g. prolapsed haemorrhoids or anal skin tags; local malignancy and systemic disease. Treat appropriately. If secondary cause cannot be identified, primary pruritus ani is diagnosed with expert advice and management as follows:

Local irritants may be detected via a thorough history. Action to avoid irritant is often successful.

Faecal contamination due to inadequate cleansing is commonly the cause more often a problem in people who are obese or hirsute. Washing gently with water or a mild soap after a bowel movement is recommended.

Excessive moisture can contribute. This can be reduced by drying the area with a hairdryer after washing. A cotton tissue placed on the areas may help absorb moisture. Cotton underwear should be worn.

Diet may exacerbate the irritant effect of faeces e.g. tomatoes, citrus fruits, spicy foods, nuts, chocolate, dairy products, coffee and excessive amounts of liquids such as beer and milk. If a person can relate pruritus to certain food or drinks then dietary manipulation may be of value.

High fibre diets may help some people.

Topical medications should be used with caution some may exacerbate the problem.

Systemic antihistamines may be useful in some people especially at night to break the itch scratch cycle.

Cotton gloves worn at night may help reduce the damage from scratching.

Anxiety and stress is common and explaining that a cause cannot always be found and encouragement to follow conservative measures is considered best.

If after 3 or 4 weeks these conservative treatments are unsuccessful further investigations are recommended.

Specialist management includes

- Exclusion and recommendations on management of previously undiagnosed underlying cause (see when to refer)

When to refer

Urgent out-patient referral [liaise with specialist and copy to CAS]

- Rarely required in this condition.

Refer to CAS

- Referral to a dermatologist, gastroenterologist or colorectal surgeon may be needed in intractable cases, to make sure a diagnosis has not been missed.

Refer to RARC

- if the patient does not meet the referral criteria above consider referral to CAS requesting a RARC appointment.