

Pruritus Ani

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What is Pruritus ani?

Pruritus ani refers to intense itching (pruritus) around the anal region (ani). It affects up to 1 in 20 people, is much more common in men, and in those aged between 40 and 60 years old.

The main symptom is an intense urge to scratch your anus, which is more common after passing faeces and during the night. There are many possible causes, although in up to 1 in 4 people no definitive cause can be identified. If no cause is found the condition is known as 'idiopathic pruritus ani'.

What causes Pruritus ani?

Bowel causes

- Leakage of stool. Itching normally occurs within 6 hours and is relieved by washing. Itching is more common in people who suffer from loose stools, anal sphincter problems, or incontinence. Skin can also be irritated by sweat and moisture.
- Infections affect a minority of patients with pruritus ani. These infections are bacterial, fungal (e.g. thrush) or parasitic (e.g. worms), and some are related to sexually transmitted infections. Thrush is more common in people with diabetes, whilst worms are more common in children, with up to 4 in 10 people affected during their childhood. Worm infections may commonly be passed around members of a household. Other infections may have other symptoms besides itching, for example discharge, or visible skin changes such as rashes or lumps.
- Other bowel disorders that can cause itching include haemorrhoids (most commonly), anal fissures (a small tear in the anal skin), functional bowel disorders such as IBS, or in some very rare cases cancer.

Other causes

- Allergic contact dermatitis. This is a skin reaction related to allergy, most commonly to chemicals used in cleansing products (e.g. scented soaps) or medicated creams. The reaction can cause redness, with scaly skin and blistering.
- Psoriasis – a skin condition that can affect any area of the body. It is most commonly seen around the elbows and knees but occasionally can be limited to skin around the anus.
- Other less common skin conditions can affect the anal region too. These include lichen sclerosis which causes white wrinkled areas in the skin, or Bowen's and Paget's disease which appear as scaly or ulcerated areas of skin.
- Foods – Some foods may make itching worse and reducing intake of these foods can ease or prevent symptoms.
- Medications – Certain doctor-prescribed medications can lead to itching.

| Foods | Medications |
|---------------|---------------------|
| Caffeine | Topical steroids |
| Alcohol | Laxatives |
| Milk products | Colpermin |
| Peanuts | Colchicine |
| Spicy foods | Quinidine |
| Citrus | Peppermint oil |
| Chocolate | Certain antibiotics |

- Clothes – Itching can be made worse by heat or sweating. Wearing cool, loose clothes and avoiding tight or synthetic undergarments can help.
- Systemic disease – Some illnesses affecting other parts of the body can lead to pruritus ani, most commonly diabetes, liver problems, some blood disorders, and metabolic problems.
- Psychological factors – Anxiety, stress and depression may contribute to pruritis ani.

What will your doctor want to know?

Your doctor will ask about your symptoms, as well as your bowel habits, other illnesses, previous skin problems, and any treatments taken, including over the counter treatments.

Your doctor will perform a full examination. Occasionally a swab of the area may be taken and your doctor may also decide to take scrapings of the skin around the area, or in some cases where the cause of the itch cannot be found, biopsies.

What treatments are available?

If an underlying cause is found, you will be given the appropriate treatment for the condition. Potential treatments may include topical anti-fungals or changes to your diet, such as adding more fibre. Depending on the cause your doctor may wish to refer you to a specialist. Three steps can be taken to relieve itching:

1) Getting rid of irritants

These include creams, soaps, bubble baths, and scented toilet paper. After using shower gels and soaps the skin should be rinsed thoroughly with a shower head. Clothes should be washed in non-perfumed detergents. If the itch worsens after use of wet wipes they should be discontinued. It can be helpful to avoid foods known to irritate (see box) - your doctor may suggest keeping a diet diary to track your symptoms and help identify any foods which may be worsening the condition.

2) General measures

After toileting, a bidet or shower head should be used to wash around the affected area without soap, and then the skin carefully dried with a hair-dryer or clean towel. Cleansing may be most effective if performed whilst squatting to expose the area. Aqueous creams or emollients should be applied as directed by your doctor. Ensure the skin is dry before putting on underwear. Sudden, severe itching usually implies leakage of stool, and in this case, thorough cleansing is the most effective treatment.

If you are going out, you can carry a small container of an oil based preparation or aqueous cream, which can then be squeezed onto cotton wool to clean the area. If sweating is a problem, cotton wool can also be placed in the anal region to absorb excess moisture. Scratching the area should be avoided and keeping your fingernails short may help prevent unintentional trauma from scratching at night.

3) Active treatment

Depending on the cause, antihistamines or a short course of topical steroids may be recommended by your doctor. In more resistant cases topical capsaicin may be beneficial; This produces a short-lasting burning sensation, which dampens down itching and eliminates the urge to scratch. In severe cases where other treatments have failed, therapeutic anal tattooing may be considered to desensitize the nerves in the region.

Further information

If you have further questions, please contact your GP or hospital specialist.

PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email rduh.pals-northern@nhs.net. You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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