

Title:

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**Sclerotherapy using 2 % polidocanol foam in the treatment of hemorrhoidal disease -
a single-center experience**

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Author contributions:

Luísa Martins Figueiredo: concept.

Luísa Martins Figueiredo, Filipa Bordalo Ferreira and Maria Ana Rafael: drafting of the manuscript.

Ana Maria Oliveira: case supervision.

Keywords: Internal hemorrhoids. 2 % polydocanol foam. Sclerotherapy. Anticoagulants. Antiaggregant.

Dear Editor,

Elastic banding and sclerotherapy are the two most commonly performed instrumental therapies in the treatment of symptomatic internal hemorrhoids. Promising results have been shown with sclerotherapy using 2 % polidocanol foam (1-3). The present study aimed to evaluate the efficacy and safety of polidocanol foam in the treatment of symptomatic internal hemorrhoids.

We report the results of a retrospective study from a prospectively collected database of patients observed in a proctology consultation of the Gastroenterology Department between January 2017 and July 2019. Inclusion criteria were patients older than 18 years old with grade I, II or III internal hemorrhoids. Cases with anal fissure, anal infection/suppuration, hemorrhoidal thrombosis and known allergies to polidocanol were excluded. Two percent polydocanol foam was injected above the hemorrhoid pectineal line to be treated. Success was defined as self-reported reduction or disappearance of bleeding and prolapse at the end of follow-up without major complications. A p-value ≤ 0.05 was considered as statistically significant.

Two hundred and forty-three patients were included; 130 were males with a mean age of 61.6 years. Thirty-three patients had grade I hemorrhoids; 176, grade II; and 34, grade III. Sixty-nine patients were medicated with anticoagulants and/or antiaggregants. Thirteen patients are awaiting post-treatment consultation, 25 were lost to follow-up and two patients died due to causes unrelated to hemorrhoidal disease. The average follow-up was 11.47 months. Therapeutic success was achieved in 90.1% (n = 183) of the patients and was not influenced by antiaggregant or anticoagulant medication (p = 0.778) (Table 1). There were complications in three (1.5%) patients: perianal discomfort, immediate post-procedure bleeding and defecatory proctalgia.

In conclusion, 2% polidocanol foam has been shown to be an effective and safe therapy for the control of symptomatic hemorrhoid disease, even in patients on anticoagulant and/or antiaggregant therapy.

References

1. Fernandes V, Fonseca J. Polidocanol foam injected at high doses with intravenous needle: the (almost) perfect treatment of symptomatic internal hemorrhoids. *GE Port J Gastroenterol* 2019;26(3):169-75. DOI: 10.1159/000492202
2. Lohsiriwat V. Treatment of hemorrhoids: a coloproctologist's view. *World J Gastroenterology* 2015;21:9245-52. DOI: 10.3748/wjg.v21.i31.9245
3. Salgueiro P, Caetano AC, Oliveira AM, et al. Portuguese Society of Gastroenterology Consensus on the Diagnosis and Management of Hemorrhoidal

Disease. GE Port J Gastroenterol 2020;27(2):90-102. DOI: 10.1159/000502260

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Table 1. Therapeutic success under antithrombotic therapy

<i>Antithrombotic therapy</i>	<i>Remission of symptoms, n (%)</i>	<i>Maintenance of symptoms, n (%)</i>	<i>p-value</i>
Isolated antiaggregant	24 (85.7)	4 (14.3)	0.490
Isolated anticoagulant	16 (94.1)	1 (5.9)	1.000
Anticoagulant + antiaggregant	3 (100)	0 (0)	1.000
Double antiplatelet therapy	3 (100)	0 (0)	1.000
Antiaggregation or anticoagulation	40 (88.9)	5 (11.1)	0.778