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

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Keywords: Internal hemorrhoids. Polydocanol 2% foam. Sclerotherapy. Anticoagulants. Antiaggregants.

Conflicts of interest/Competing interests: The authors declare that they have no conflict of interest.

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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 found with sclerotherapy using polidocanol 2% foam. (1,2,3)

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 of a hospital between January 2017 and July 2019. Inclusion criteria were patients older than 18 years old and with grade I, II or III internal hemorrhoids. Cases with anal fissure, anal infection/suppuration, hemorrhoidal thrombosis and known allergy to polidocanol were excluded. Polydocanol foam 2% 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 statistically significant.

We included 243 patients, 130 were males with a mean age of 61.6 years. 33 patients had grade I hemorrhoids; 176 grade II and 34 grade III. 69 patients were medicated with anticoagulants and/or antiaggregants. 13 patients are awaiting post-treatment consultation, 25 were lost to follow-up and 2 patients died because of other causes not related with haemorrhoidal 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 the fact that patients were receiving antiaggregant or anticoagulant medication (p = 0.778) (Table 1). There were complications in 3 (1.5%) patients: perianal discomfort, immediate post-procedure bleeding and defecatory proctalgia.

In conclusion, polidocanol 2% 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.

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Table 1 Therapeutic success under antithrombotic therapy

Antithrombotic therapy	**Remission of symptoms, n (%)**	**Maintenance of symptoms, n (%)**	**p-value**
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