

Managing Perianal Itching (Pruritus Ani)

What is pruritus ani?

Itching around the anal area (called "anal itch" or *pruritus ani*) is a common condition characterized by irritation of the skin around the anus leading to an almost irresistible urge to rub or scratch the area. If it is severe, this can cause small ulcers (cuts) and inflammation, which can lead to weeping of fluid that stains underwear and/or spotting of blood on toilet tissue. This happens because the skin in the anal region is thin and easily injured, and rubbing or scratching of the anal area causes this sensitive skin to break down. As the skin tries to heal, it causes itching, and also gives a burning sensation after bowel movements. Trying too hard to clean the area can actually make the symptoms worse, leading to a vicious cycle.

What causes this to happen?

It is not always clear what triggers this condition. Several factors may be at fault. A common cause is excessive cleansing of the anal area. Moisture around the anus, from sweating, or in some people, a loose or irritating stool that is hard to clean up after may play a role. In children, severe anal itching can be a sign of pinworms; this is rarely a cause in adults. Other uncommon causes of *pruritus ani* could include skin conditions such as psoriasis or eczema and other causes of anal skin inflammation.

It is not known what role diet may play.

Does pruritus ani result from lack of cleanliness?

No, cleanliness is almost never a causative factor. However, it is the natural tendency once a person develops this itching to wash the area vigorously and

frequently with soap and a washcloth. This can damage the skin further and wash away protective natural oils. This almost always makes the problem worse by.

What can be done to make this itching go away?

Pruritis ani is treated by reducing the inflammation and allowing the skin to heal. You have to avoid rubbing, scratching and obsessive cleansing, all of which will prevent healing. Even intense itching, if left alone, will subside after 5-10 minutes. To reduce the inflammation, you can apply a very small amount of **1% or 2% hydrocortisone** ointment or cream, after bowel movements and twice a day, to the affected skin.

Treatment of pruritus ani may include these four points:

1. Avoid further trauma to the affected area:

- To cleanse the area after bowel movements, use moist toilet tissue, or a non-medicated towelette or baby wipe. Avoid rubbing with dry toilet tissue. Pat dry and apply the hydrocortisone.
- When showering or bathing, do not rub the area, simply rinse and pat dry.
- Do not use soap of any kind on the anal area.
- Try not to scratch the itchy area. Scratching produces more damage, which in turn makes the itching worse.
- Constipation or passing hard bowel movements can also irritate the area. Adding vegetables and fiber, such as is found in a high fiber cereal like All-Bran or Fiber One or in a fiber supplement like Metamucil or Citrucel, to your diet can help avoid this problem.

2. Avoid moisture in the anal area:

• It may help to keep the area dry during the day by wearing clothing that breathes (for example, by wearing cotton rather than nylon undies) and does

not cause perspiration or moisture to build up. Perspiration is basically salt water, which can make healing skin itch and burn.

 Apply either a few wisps of cotton, a 4 x 4 gauze or some cornstarch powder to keep the area dry.

3. Avoid all medicated, perfumed and deodorant powders:

Use only medications prescribed by your doctor as directed. Apply
prescription medications sparingly to the skin around the anal area and
avoid rubbing.

How long does this treatment usually take?

Symptoms of *pruritis ani* usually clear up in 1-3 weeks, but in severe cases, it can take longer. The condition can also can reappear. If it does, the treatment is the same.

If symptoms do not respond after 2 months or more, you should make a return appointment to colorectal surgery for re-examination and possible biopsy.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Reviewed by: Richard Burney MD, Barbara Boughen

Patient Education by <u>Michigan Medicine</u> is licensed under a <u>Creative Commons</u> Attribution-NonCommercial-ShareAlike 3.0 Unported License. Last Revised 04/2018