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Anorectal Diseases in Proctology Consultation at the Yaounde University Teaching Hospital (Cameroon): Male Predominance, Cultural Taboo, and Neglected Conditions

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1. Abstract

1.1. Background and Aims: In Cameroon, anorectal diseases are often surrounded by cultural stigma and misconceptions. These conditions are frequently linked to issues such as male homosexuality, traditional beliefs about illness, and feelings of embarrassment associated with anorectal examinations. The present retrospective study aimed to describe the demographic characteristics, clinical manifestations, and pathological patterns of anorectal diseases among patients attending proctology consultations in Yaounde.

1.2. Methods: Medical records of 820 outpatients presenting with anorectal symptoms and undergoing endo-anal examination between January 2008 and June 2014 were reviewed. Data collected included patient age, sex, presenting complaints, and diagnosed anorectal conditions.

1.3. Results: Among the patients, 589 (71.8%) were men and 231 (28.2%) were women. Individuals diagnosed with anorectal diseases were older than those without lesions (mean age 40.6 years vs. 37.1 years; $p = 0.005$). The most common symptoms reported were rectal bleeding (56.7%) and anal pain (44.1%). Hemorrhoids represented the leading cause of symptoms (70.7%), followed by anal fissures (20.1%), anositis (8.3%), and suppurative anorectal conditions (6.6%), mainly observed in adult men. Among suppurative diseases, anal fistula accounted for 61.1% of cases, whereas abscesses represented 38.9%. Anorectal tumors were infrequently detected. Multivariate analysis indicated that hemorrhoids were significantly associated with the observed symptoms (OR = 2.56; 95% CI: 1.86–3.51; $p = 0.01$).

1.4. Conclusion: Rectal bleeding, anal pain, and rectal prolapse are frequent symptoms among patients presenting with anorectal complaints. Hemorrhoids are the most prevalent underlying cause. Findings from this study may assist gastroenterologists and other healthcare professionals in improving the identification, evaluation, and management of anorectal diseases in this setting.

2. Keywords: Anorectal diseases; Male predominance; Hemorrhoids; Anal fissure; Anal fistula; Cameroon

3. Introduction

Several risk factors associated with anorectal diseases are common in the local environment, including unhealthy dietary habits and excessive consumption of spices, alcohol, and tobacco. Additionally, the widespread prevalence of HIV/AIDS contributes to the occurrence of anorectal conditions, as patients with HIV frequently experience anorectal symptoms and related complications [1].

Research addressing anorectal diseases in Cameroon remains limited. In 1991, Ndjitoyap Ndam and colleagues [2] reported that 62.7% of anal and colorectal disorders were attributable to anorectal diseases. In that study, hemorrhoids were the most frequently observed condition, with rectal bleeding being the primary presenting complaint.

Across Sub-Saharan Africa, common symptoms reported by patients with anorectal conditions include bleeding, anal pain, and the sensation of anal swelling [3–6].

In Cameroon, however, several cultural and social taboos surround diseases of the anus. These conditions are often incorrectly associated with deviant sexual practices, particularly male homosexuality. As a result, anorectal diseases are frequently perceived as problems better managed by traditional medicine. Furthermore, patients may view anorectal examination as humiliating, which can discourage them from seeking medical care. Such beliefs contribute to delayed diagnosis and treatment.

This study was therefore conducted to analyze the demographic profile, clinical presentation, and pathological characteristics of anorectal diseases among patients attending proctology consultations at the Yaounde University Teaching Hospital.

4. Materials and Methods

This retrospective study analyzed medical records of outpatients

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who underwent endo-anal examination during proctology consultations at the Yaounde University Teaching Hospital between January 2008 and June 2014.

Data extracted from the records included demographic information (age and sex), the specialty of the referring physician (gastroenterologist, general practitioner, or other specialist), reasons for consultation, and findings from the anorectal examination.

Symptoms prompting consultation included anal pain, bleeding, swelling, pruritus ani, purulent discharge, rectal prolapse, rectal mass, and other related complaints. Diagnosed conditions included hemorrhoids, anusitis, anal fissures, suppurative anorectal diseases, ulcers, condylomas, malignant tumors, benign tumors, traumatic lesions, and other abnormalities.

Histological, bacteriological, and virological analyses were not performed in this study, and potential risk factors were not assessed.

Patients of all ages and both sexes were eligible for inclusion provided they had undergone endo-anal examination and had complete clinical records. Patients with incomplete files or those whose diagnostic investigations involved colonoscopy or barium enema were excluded.

All endo-anal examinations were performed by three gastroenterologists. The equipment used consisted of rigid stainless-steel anosopes and rectoscopes (A. Legrand, Paris, France). Adult instruments measured 70 mm in length with a diameter of 20 mm, while pediatric instruments measured 60 mm in length with a diameter of 16 mm. Illumination was provided by an Olympus CLK-3E® light source (Olympus Corporation, Tokyo, Japan).

Instrument disinfection was carried out using Steranios® 20% disinfectant concentrate (ANIOS Laboratories, Lille, France) according to the manufacturer's instructions, with a 5% dilution and a contact time of 20 minutes. The dilution water was filtered using Atlas Filtri® filtration systems (Limena, Italy).

5. Results

A total of 820 patient records met the inclusion criteria. Requests for anorectal examination were made by gastroenterologists in 431 cases (52.6%), general practitioners in 195 cases (23.8%), and other specialists in 181 cases (22.1%). In 13 cases (1.6%), the referring physician was not specified.

Overall, 919 anorectal disease cases were identified among the patients. The mean age of the participants was 40.38 ± 13.71 years, and men represented 71.8% of the study population. Patients diagnosed with anorectal disease were significantly older than those whose examinations were normal (40.6 vs. 37.1 years; $p = 0.005$).

Rectal bleeding was the most frequent presenting symptom, reported by 465 patients (56.7%). Anal pain was noted in 362 patients (44.1%), while rectal prolapse occurred in 64 patients (7.8%). In approximately 7.0% of cases, the anorectal examination revealed no abnormalities.

The most common anorectal condition identified was hemorrhoidal disease, affecting 580 patients (70.7%), representing 63.1% of all anorectal pathologies. Anal fissures were observed in 165 patients (20.1%), accounting for 18.0% of cases. Anusitis was diagnosed in 68 patients (8.3%), while suppurative anorectal diseases were present in 54 patients (6.6%).

Among hemorrhoidal cases, 549 patients (94.7%) had internal hemorrhoids, and grade II hemorrhoids were the most frequently observed stage (50.5%). Anal fissures were predominantly located in the posterior midline (97.0%), with only a few cases occurring in the anterior midline (1.8%) or lateral positions (1.2%).

Within the group of suppurative conditions, anal fistulas were more common (61.1%) than anorectal abscesses (38.9%). Additionally, 15.7% of patients with hemorrhoids also had a concurrent anal fissure.

6. Discussion

This retrospective analysis of 820 patients seen in proctology consultation over a period of six and a half years demonstrates that anorectal diseases in this setting predominantly affect adult men, with a mean age of approximately 40.6 ± 13.4 years.

Among individuals presenting with anorectal complaints, rectal bleeding was the most frequently reported symptom (56.7%), followed by anal pain (44.1%), rectal prolapse (7.8%), and anal swelling (6.7%).

The study also revealed that hemorrhoidal disease accounted for the majority of anorectal conditions (63.1%), followed by anal fissures (18.0%), anusitis (7.4%), and suppurative anorectal disorders (6.0%).

7. Hemorrhoidal Disease

In the present study, hemorrhoids represented 63.1% of all anorectal diseases, with internal hemorrhoids being the most common form. Internal hemorrhoids typically present with rectal bleeding and sometimes anal prolapse, whereas external hemorrhoids are more often associated with painful thrombosis and a sensation of swelling around the anus.

The mean age of patients affected by hemorrhoidal disease was 41.9 years, and men were more frequently affected than women, with a male-to-female ratio of 2.9:1.

These findings are consistent with earlier research conducted in Cameroon by Ndjitoyp Ndam et al. [2], who reported hemorrhoids as the most frequent anorectal lesion (39.4%) among 720 patients undergoing lower gastrointestinal endoscopy.

Comparable results have also been reported in studies conducted in Western countries [7–11] as well as in several Sub-Saharan African nations.

For example, Mahassadi et al. [5] studied 136 patients at the

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proctology unit of Yopougon Teaching Hospital in Côte d'Ivoire and found that hemorrhoids accounted for 64% of anorectal diseases, most often presenting with rectal bleeding.

Similarly, Yassidanda et al. [6] conducted a retrospective study involving 412 patients at Hospital de l'Amitié in Bangui, Central African Republic, where hemorrhoids represented 58.88% of anorectal conditions and bleeding was the most frequently reported symptom.

Dia et al. [4], investigating anorectal diseases at CHU Aristide Le Dantec in Senegal, reported an even higher frequency of hemorrhoids, affecting 93% of the 2061 patients studied.

Likewise, Bougouma et al. [3] examined 645 patients in Ouagadougou and found that hemorrhoids accounted for 45.6% of anorectal diseases, with rectal bleeding being the predominant complaint.

In our study, 15.7% of patients with hemorrhoids also had an associated anal fissure. Previous studies have reported a similar coexistence rate of approximately 20%, which is commonly attributed to shared risk factors such as chronic constipation [5,12].

8. Rare Anorectal Diseases

Benign and malignant anorectal tumors were relatively uncommon in this series, representing 1.2% and 1% of cases, respectively. Similar findings have been reported in other African studies [3–6,21–23].

According to available literature, anorectal tumors account for only 1.5% to 4% of all colorectal cancers in American studies [24,25].

Other conditions such as traumatic injuries, ulcers, and condylomas were also rarely observed in this cohort. Human papillomavirus (HPV) infection, which is responsible for the development of condylomas, has been increasingly reported in both heterosexual and homosexual populations and is often associated with HIV infection [26].

Despite the high prevalence of HIV in our region, condylomas were relatively uncommon in this study. One possible explanation is that patients with HIV infection are more frequently managed by dermatologists or internists, and therefore may be less likely to attend proctology consultations.

Nevertheless, this study has several limitations. As a retrospective analysis, it relied solely on existing medical records. Important biological and histological data were not available. Furthermore, information regarding lifestyle factors and bowel habits was often absent from patient files. Lastly, details concerning treatment and follow-up were not recorded.

9. Conclusion

The findings of this study indicate that anorectal diseases are frequently encountered among patients presenting with anorectal

symptoms in Cameroon. The most common complaints include rectal bleeding, anal pain, and rectal prolapse.

Hemorrhoids constitute the leading cause of these symptoms, followed by anal fissures, anusitis, and anal fistulas. These conditions predominantly affect adult men.

Given their high prevalence, anorectal diseases may represent an important public health concern in Cameroon. The results of this study could assist gastroenterologists and other healthcare providers in improving the diagnosis and management of anorectal conditions within the country.

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