



PROCTALGIA FUGAX

Edited by Fabio Marino, MD

Unit of General Surger – Casa di Cura Santa Maria, Bari (Italy)

fabio.marino@virgilio.it

What is proctalgia fugax?

The proctalgia fugax is a benign disease characterized by sudden onset at irregular intervals of a violent throbbing rectal pain which usually lasts few minutes and suddenly disappears without leaving sequelae. The condition for clinical diagnosis of proctalgia fugax is the absence of painful pelvic diseases such as fissures, abscesses, thrombosed hemorrhoids, inflammatory bowel disease during exacerbation, prostatitis, endometriosis, tumors, etc. ..

What triggers proctalgia fugax?

The pain can be triggered by sexual intercourse, masturbation, psychophysical stress, evacuations, menstruation, alcohol use, but often a trigger factor can't be identified.

Although in the past it was described as a pain appearing typically at night, recent studies have shown that pain can occur at any time of the day.

Is it a common condition?

The prevalence in the general population ranges from 4 to 18% and a female preponderance is reported.

Which are the causes?

Among the pathogenetic hypotheses have been considered the spasm of sphincter muscles, the increase of the intraluminal pressure of the sigmoid colon, the presence of abnormal internal anal sphincter contractile activity affected by the sympathetic nervous system and, therefore, by psychophysical stress and, finally, neuralgia of the pudendal nerves. It's more often present in patients with irritable bowel syndrome, in patients undergoing sclerotherapy for the treatment of hemorrhoids and in women submitted to transvaginal hysterectomy. Finally, it is described a rare familial form which is autosomal dominantly inherited and it is associated with constipation and abnormal thickening of the internal anal sphincter.

How can we diagnose proctalgia fugax?

The *anamnestic history* together with the *clinical examination* to exclude other painful pelvic diseases, may be sufficient to make the diagnosis of proctalgia fugax. However, *proctoscopy* and *pelvic MRI* may be necessary for the differential diagnosis. The *ano-rectal ultrasound* may provide information on the thickness of the muscles of the anal sphincter. Furthermore, the *anorectal manometry* can disclose abnormalities of the sphincter tone at rest and detect characteristic "slow-waves of increased amplitude". Finally, the *neurophysiological study* of the perineum (electromyography of the pelvic floor muscles, the study of the bulbo-cavernous reflex and the measurement of the latency of the pudendal nerve) may influence the medical and surgical treatment to be performed.

How can we treat proctalgia fugax?

Because they are often very anxious patients, the first attempt to treat it, should be the use of reassurances and orally benzodiazepines together with the advice to make sitz baths of the anogenital region with lukewarm water. However, in case of failure, it should be suggested the use of drugs that relax the painful spasm of the anus and rectum, to be applied locally (diltiazem or nitroglycerin 2%) or to be taken orally (nifedipine). To this end, it was also proposed the use of botulinum toxin injections. In cases in which a compression of the pudendal is documented it may be useful the pharmacological block or the surgical decompression of the nerve. In literature good results are reported also by inducing the anesthetic block of the superior hypogastric plexus. Finally, in rare familial forms or in all those cases in which there is a thickening of the internal anal sphincter up to 3.5 cm, the *lateral internal sphincterotomy* (LIS) surgery may be indicated.

Bibliography:

- 1) Jeyarajah S, Chow A, Ziprin P, Tilney H, Purkayastha S. *Proctalgia fugax, an evidence-based management pathway. Int J Colorectal Dis.* 2010 Sep;25(9):1037-46.
- 2) de Parades V, Etienney I, Bauer P, Taouk M, Atienza P. *Proctalgia fugax: demographic and clinical characteristics. What every doctor should know from a prospective study of 54 patients. Dis Colon Rectum.* 2007 Jun;50(6):893-8.
- 3) Damphousse M, Jousse M, Verollet D, Guinet A, Le Breton F, Lacroix P, Sheik Ismael S, Amarenco G. *Evidence of pudendal neuropathy in Proctalgia Fugax: perineal neurophysiological assessment in 55 patients. Prog Urol.* 2012 Apr;22(4):220-4.
- 4) de Parades V, Etienney I, Bauer P, Taouk M, Atienza P. *Proctalgia fugax: demographic and clinical characteristics. What every doctor should know from a prospective study of 54 patients. Dis Colon Rectum.* 2007 Jun;50(6):893-8.