Anal itching (pruritus ani): Causes, work-up and treatment

Itching around the anus - **pruritus ani** - affects **up to 5% of adults** and is a common but often under-reported reason for consultation, because the symptom is felt to be embarrassing [1]. In most cases there is a treatable cause, and a targeted work-up by a surgeon can resolve the problem quickly.

What is pruritus ani?

Pruritus ani is intense itching or burning in and around the anus. It is divided into two groups:

- **Secondary (90%)** - caused by a specific condition such as hemorrhoids, anal fissure, anal fistula, eczema, fungal infection or faecal leakage.
- **Primary / idiopathic (10%)** - no clear cause is found, but a vicious circle of itching → scratching → skin irritation → more itching maintains the symptom [2].

The most common causes

Category	Examples
Anorectal disease	Hemorrhoids, anal fissure, anal fistula, rectal prolapse
Skin	Contact eczema, lichen sclerosus, psoriasis, lichen sclerosus
Infection	Candida, Streptococcus, pinworm (Enterobius), HPV
Leakage	Incontinence for gas/stool, mucus from hemorrhoids
Diet	Coffee, tea, cola, beer, citrus, spicy food, milk, chocolate [3]
Hygiene	Excessive washing, perfumed wet wipes, soap residue

When should you see a doctor?

Contact your GP or a specialist surgeon if you have:

- Itching for more than 4-6 weeks despite normal hygiene
- Concurrent **rectal bleeding** (read more)
- Visible lumps, sores or skin changes
- Mucus or unintentional stool in your underwear
- Night-time itching that wakes you (classic for pinworm and lichen sclerosus)

How pruritus ani is worked up

At the clinic we perform:

1. **History and dietary review** - identifies triggering foods and hygiene habits.
2. **Inspection and digital rectal examination** - reveals hemorrhoids, fissure, eczema.
3. **Anoscopy / proctoscopy** - visualises the lowest 10 cm of the bowel.
4. **Colonoscopy** if bleeding, weight loss or age >50.

5. **Skin biopsy** if lichen sclerosus or malignancy is suspected.

Treatment

General advice (works in 60-70%) [4]:

- **Change hygiene**: Rinse with lukewarm water without soap; dab dry with a soft towel - no wet wipes.
- **Cotton underwear**, avoid tight clothing and synthetic fabrics.
- **Elimination diet** for 2 weeks: leave out coffee, tea, cola, citrus, spicy food - reintroduce one at a time.
- **Stop scratching** - keep nails short, use cotton gloves at night if needed.

Medical treatment:

- **Short-term** (max 2 weeks) hydrocortisone 1% cream for acute eczema [2].
- **Antifungal cream** for candida.
- **Mebendazole** for verified pinworm - one dose for the whole household, repeated after 2 weeks.

Treatment of the underlying surgical cause:

- Hemorrhoids grade I-II: McGivney band ligation in the out-patient clinic.
- Hemorrhoids grade III-IV: surgical treatment.
- Anal fissure: conservative → diltiazem ointment → possibly surgery.
- Anal fistula: surgical fistula treatment.

Treatment at Kirurgen.dk

We assess and treat all anorectal causes of itching - from hemorrhoids and fissures to fistulas - with a referral from your GP and under the public health insurance scheme. See also our articles on hemorrhoids and anal fissure.

References

1. Nasseri YY, Osborne MC. *Pruritus ani: diagnosis and treatment.* Gastroenterol Clin North Am 2013;42(4):801-13.
2. Markell KW, Billingham RP. *Pruritus ani: etiology and management.* Surg Clin North Am 2010;90(1):125-35.
3. Daniel GL, et al. *Pruritus ani: causes and concerns.* Dis Colon Rectum 1994;37(7):670-4.
4. Siddiqi S, Vijay V, Ward M, Mahendran R, Warren S. *Pruritus ani.* Ann R Coll Surg Engl 2008;90(6):457-63.