**Letter on the article: “Outpatient treatments of haemorrhoidal disease”**

Correspondance à propos de l’article : « traitements instrumentaux de la pathologie hémorroidaire »

We read with interest the special issue of “La Presse Medicale” about haemorrhoids, specially the article by Staumont et al. on the outpatient treatment of haemorrhoidal disease [1]. The issue lacked some information on initiatives to prevent the occurrence or recurrence of this health problem. Hemorrhoidal disease is one of the most frequent medical problems in the world [2,3], for which there are several treatments available. Surgical methods were significantly progressed, but some occasionally reported complications (i.e. anal stricture, etc.), made patients wish to avoid surgical treatment. Moreover, the best treatment is prevention. A diet high in fibre and bulk can prevent constipation, which itself was one of controversial etiologies for hemorrhoids [4]. Patients with hemorrhoids in early stages must prevent worsening of the condition, which will be progressive if untreated [5]. They were advised to use bulk laxatives in order to prevent constipation [4], but some evidences criticized the association of hemorrhoid with constipation [6,7]. Even, some articles demonstrated the significant association between the subjective complaint of diarrhea and the presence of hemorrhoids [7]. This article is aimed to propose a maneuver with dominant hand on the intergluteal cleft, or as more commonly known in the US, the butt crack. The maneuver is just like milking downward on the intergluteal cleft, from coccyx to the location of the anus. The best time for initiating this maneuver is the sense of defecation. This stimulates and helps the levator ani muscle in guiding the faecem in the rectum, delivering it more rapidly out of the anus, and therefore prevents prolonged straining of internal anal sphincter as one of proposed etiologies of hemorrhoids. This may provide benefit for patients with hemorrhoid grade I or II, which were the most frequently occurring types, and are not considered to undergo surgical treatment. A Valsalva maneuver is necessary for defecation, which raises the venous pressure in the rectum, causes them to enlarge in the presence of the force of fecal bolus. The proposed method may facilitate defecation, and decrease development or recurrence of hemorrhoids by confining the role of Valsalva maneuver during defecation. This method may decrease defecation associated bleeding symptoms with a controlled defecation, and therefore may improve the quality of life of patients with hemorrhoids in early stages.

Defecation is usually practiced in two major postures: squatting posture versus the sitting one. The mentioned maneuver may be performed more easily in the squatting position (because of fully flexed hips and well exposed intergluteal cleft in this posture) which remains the principal position of defecation in Asia and Africa, however because of more required effort, more needed time for sensation of satisfactory bowel emptying, and ultimately more difficult defecation (2–2.5 times) in sitting position compared to the squatting one [8], the people of western countries who uses sitting posture during defecation may experience more benefits by this proposed maneuver. The mentioned maneuver can decrease the significant role of intensively repeated Valsalva maneuver during defecation in sitting posture, and so can prevent defecation syncope, which may be occurred due to occasional overloads in cardiovascular system [9]. The maneuver plays its role by straightening the ano-rectal angle during defecation and facilitates the propelling of the feces out of the rectum.

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**References**


Correspondence: Nariman Sepehrvand, Tehran University of Medical Sciences, National Institute of Health Research, No78, Italia Street, Keshavarz Boulevard, Tehran, Iran. nariman256@gmail.com

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