



PREVALENCE OF HEMORRHOIDS IN A PRIVATE HOSPITAL IN IFE EAST LOCAL GOVERNMENT AREA, OSUN STATE, NIGERIA

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ABSTRACT

Hemorrhoids are a common anorectal condition worldwide, yet their prevalence varies across populations due to lifestyle, diet, and healthcare-seeking behavior. This study investigated the prevalence of hemorrhoids among patients attending a private hospital in Ife East Local Government Area, Osun State, Nigeria. Using retrospective data from Ultra care hospital records over a period of one year with, quarterly free health program (January – December, 2025) the study highlighted demographic distribution, risk factors, and clinical presentation patterns. Findings provided insight into the burden of hemorrhoids in Ife East local government area. It was concluded from this study that hemorrhoids are common in private hospital settings, out of 348 patients reviewed, 12 were cases of hemorrhoids, putting the prevalence rate at 3.4%, the modal occurrence was found among middle-aged adults. Routine screening, patient education, and lifestyle modification could reduce morbidity and improve outcomes.

KEYWORDS: Prevalence, Hemorrhoids, Private hospital, Ife East, Nigeria.

INTRODUCTION

Hemorrhoids, also known as piles, are symptomatic enlargement and distal displacement of the normal anal cushions. The vascular structures in the anal canal become symptomatic when swollen or inflamed Loder *et al.*, 1994. It affects millions of people around the world, and represent a major medical and socioeconomic problem, globally, hemorrhoids affect millions of people with prevalence estimates ranging from 4% to 35% depending on population and diagnostic criteria. In Nigeria report of community occurrence of hemorrhoids is as low as 1 in 33 (3.3%) people, while old hospital records put the prevalence at 0.8 % Morgado *et al.*, 1988. In Nigeria, limited data exist on the burden of hemorrhoids, especially in semi-urban communities such as Ife East local government area (LGA)

Various predisposing factors have been suggested to be the etiologies of hemorrhoidal development, including prolonged straining and constipation. The abnormal dilatation and distortion of the vascular channel, together

with destructive changes in the supporting connective tissue within the anal cushion which is a paramount finding of hemorrhoidal disease Loder *et al.*, 1994. An inflammatory reaction and vascular hyperplasia may be evident in hemorrhoids Chung *et al.*, 2004 and Aigner *et al.*, 2009.

The pathophysiology of hemorrhoids is when the supporting tissues of the anal cushions disintegrate or deteriorate. Therefore, the pathological term to describe the abnormal downward displacement of the anal cushions causing venous dilatation is hemorrhoid. Understanding local prevalence is crucial for guiding public health interventions, resource allocation, and patient education.

Objectives

To assess the prevalence of hemorrhoids among patients attending outpatient and inpatient services in a private hospital in Ife East LGA over a year (2025) period, assess demographic factors (age, sex, occupation)

associated with hemorrhoids, as well as identifying common clinical presentations and risk factors.

METHODOLOGY

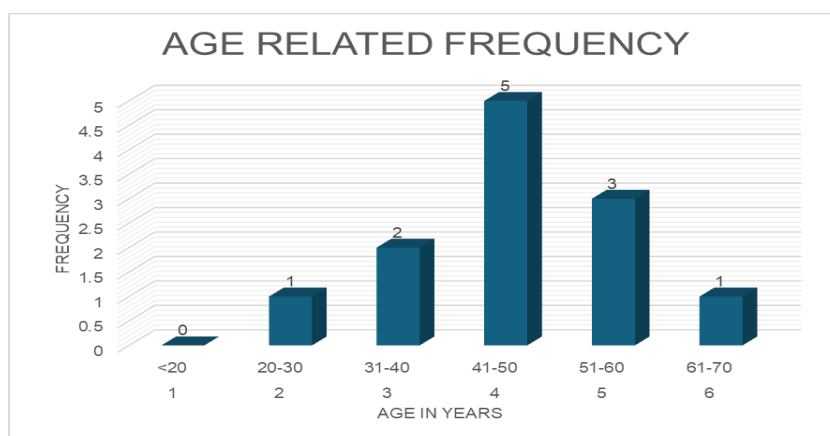
This is a retrospective descriptive study in a private hospital setting. The study was carried out in Ultra Care Hospital, Ondo Road Ile-Ife, a private hospital in Ife East Local Government Area, Osun State, Nigeria.

The Study Population was all patients that attended the facility within 12-month period, between January and

December 2025 with quarterly free health program timely announced on air (Orisun radio station) two weeks to the quarterly free health program, to pull more patients to the hospital for the study. Data were collected by adopting the use of Hospital records and case notes of patients, which were reviewed for age, sex, occupation, presenting symptoms, and diagnosis. The data analysis was determined by prevalence calculated as the proportion of hemorrhoid cases among total hospital visits and descriptive and inferential statistics was used for demographic distribution.

RESULTS

Fig 1



The graph in figure 1 illustrated the distribution of hemorrhoid cases across different age groups. The highest frequency of cases was observed among individuals aged 41-50 years (5 cases, 41.7%), followed by those aged 51-60 years (3 cases, 25.0%). The 31-40 years age group accounted for 2 cases (16.7%), while the 20-30 years and 61-70 years age groups each recorded 1 case (8.3%). No cases were reported among individuals younger than 20 years. These findings suggested that hemorrhoids were most prevalent among middle-aged adults, particularly those between 41 and 50 years of age. This trend may be attributed to age-related weakening of

the supporting connective tissues of the anal cushions, prolonged exposure to risk factors such as constipation, sedentary lifestyles, occupational strain, and repeated increases in intra-abdominal pressure over time.

The relatively lower frequency among younger individuals may be due to less cumulative exposure to these risk factors and better tissue support structures, while the decline in frequency after 60 years may reflect the smaller number of elderly individuals in the study population rather than a true reduction in disease occurrence.

Fig: 2

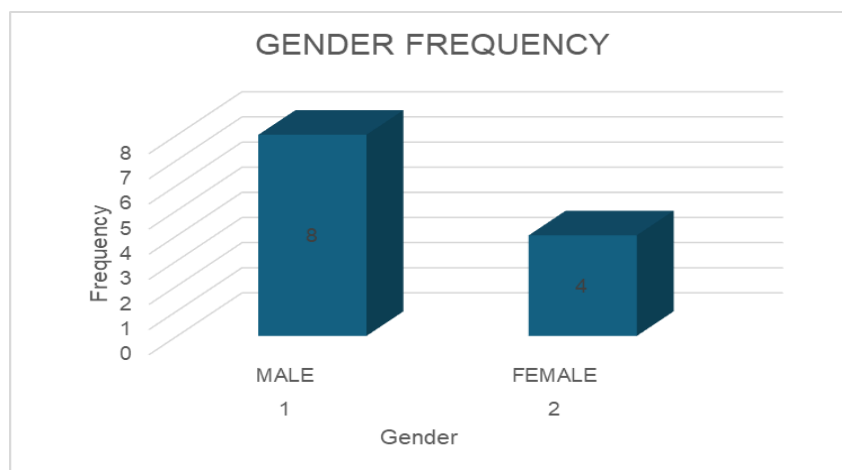


Figure 2, showed the frequency of hemorrhoid cases according to gender. A total of 12 cases were recorded, comprising 8 males (66.7%) and 4 females (33.3%). This indicated that hemorrhoids were twice as common among males as females in the study population. The higher prevalence among males suggests that men in this study were more likely to develop hemorrhoids or seek treatment for hemorrhoidal disease. This difference may be influenced by several factors, including: Occupational exposures such as prolonged sitting, heavy lifting, and strenuous physical activities, which are more common among some male-dominated occupations.

Lifestyle factors, including dietary habits, inadequate fiber intake, and chronic constipation. Delayed

healthcare-seeking behavior, which may result in more symptomatic disease before presentation. Although hemorrhoids can affect both sexes, the predominance of males in this study indicated that male gender may be associated with a greater burden of disease within the study population.

The gender distribution itself does not significantly alter the standard management of hemorrhoids, as treatment is primarily based on the severity (grade) of the disease rather than sex. However, the higher number of affected males suggested that preventive interventions should particularly target men, especially those involved in sedentary occupations or jobs requiring heavy physical exertion.

Fig:3

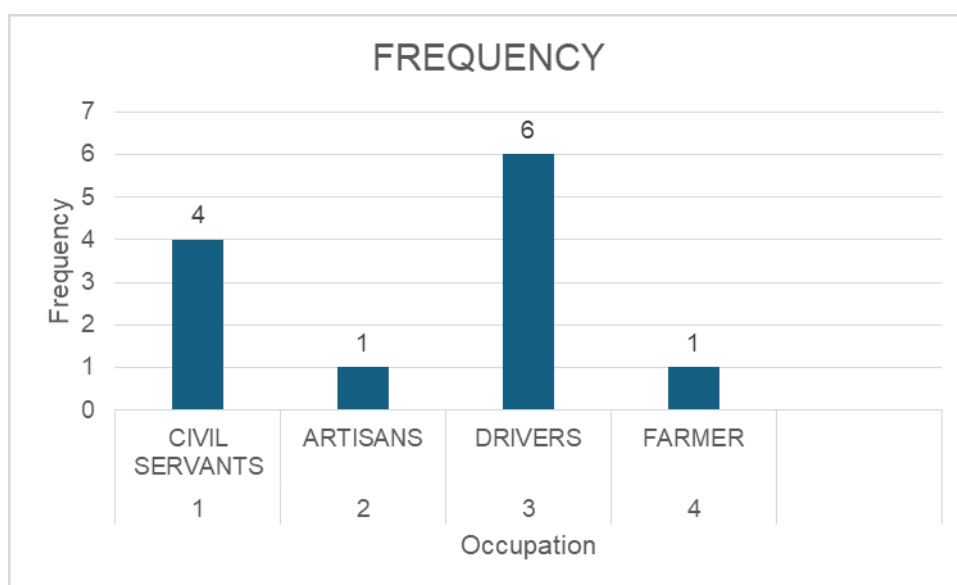


Fig 3 illustrated the distribution of hemorrhoid cases according to occupation. Among the occupations represented, drivers had the highest frequency of hemorrhoids (6 cases), followed by civil servants (4 cases), while artisans (1 case) and farmers (1 case) had the lowest frequencies. This pattern suggested that hemorrhoids were more prevalent among individuals whose occupations are characterized by prolonged sitting and sedentary work, particularly drivers and civil servants. Prolonged sitting can increase venous pressure in the rectal and anal veins, predisposing individuals to the development of hemorrhoids. Drivers, in particular, may experience long periods of uninterrupted sitting, limited physical activity, and irregular bowel habits, all of which are recognized risk factors for hemorrhoidal disease.

The relatively lower prevalence among artisans and farmers may be attributed to the more physically active nature of their work. Regular physical activity promotes bowel motility, reduces constipation, and decreases venous stasis, thereby lowering the risk of hemorrhoid

formation. The occupational distribution observed in the graph highlights the importance of workplace-related risk factors in the development of hemorrhoids.

The graph indicated that hemorrhoids were most common among drivers, who accounted for the highest frequency of cases, followed by civil servants. Artisans and farmers recorded the lowest frequencies. This distribution suggested a possible association between sedentary occupations and the occurrence of hemorrhoids. Prolonged sitting and reduced physical activity among drivers and office workers may contribute to increased venous pressure in the anorectal region, thereby increasing the risk of hemorrhoidal disease. The findings emphasize the need for occupational health education and preventive strategies targeted at workers engaged in predominantly sedentary occupations.

Fig: 4

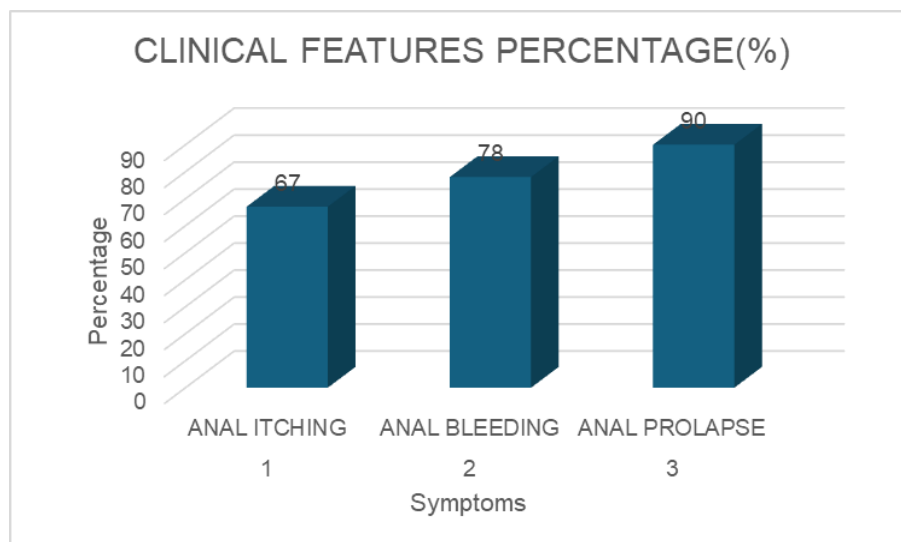


Fig 4 illustrated the frequency of the major symptoms experienced by patients at presentation. Anal prolapse was the most common symptom (approximately 95%), followed by anal bleeding (approximately 85%), while anal itching was the least common symptom (approximately 75%). The predominance of prolapse and bleeding suggests that most patients presented with symptomatic and relatively advanced hemorrhoidal disease.

The high prevalence of prolapse therefore suggests that definitive surgical management was necessary for many patients. Patients presenting primarily with itching generally have milder disease and favorable outcomes with conservative treatment, while patients with significant bleeding are at risk of chronic blood loss, anemia, reduced quality of life, and recurrent symptoms if treatment is delayed, whereas, patients with prolapse, especially when severe or irreducible, often have advanced disease with greater discomfort, hygiene difficulties, and a higher likelihood of requiring surgery.

Although advanced symptomatic hemorrhoids are associated with greater morbidity at presentation, appropriate treatment, particularly surgery when indicated, generally results in substantial symptom relief and good long-term outcomes. The predominance of prolapse and bleeding suggested that most patients presented with advanced symptomatic hemorrhoidal disease. This pattern is consistent with delayed healthcare-seeking behavior and correlates with the high frequency of Grade III and Grade IV hemorrhoids observed at presentation.

Consequently, many patients were likely to require definitive surgical intervention rather than conservative treatment alone. The presence of prolapse and bleeding is associated with increased disease severity, greater morbidity, and a more complex management approach; however, timely and appropriate treatment is expected to result in favorable long-term outcomes and significant improvement in quality of life.

Fig: 5

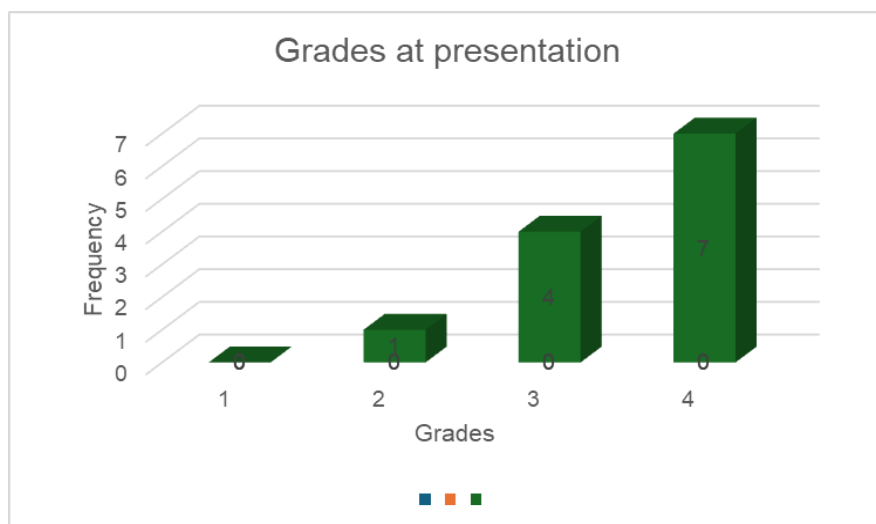


Fig 5 showed the distribution of patients according to the grade of hemorrhoids at presentation. The frequency of patients increases progressively with the severity of the disease: Grade I: 0 patients (0%), Grade II: 1 patient, Grade III: 4 patients, Grade IV: 7 patients. This indicated that the majority of patients presented with advanced hemorrhoidal disease, with Grade IV hemorrhoids being the most common, followed by Grade III. Very few patients presented with early disease (Grade I or II).

The predominance of Grades III and IV hemorrhoids suggested that most patients sought medical attention late in the course of the disease. Grade II hemorrhoids can often be managed conservatively with dietary modification, increased fluid intake, stool softeners, and office-based procedures such as rubber band ligation. Grade III hemorrhoids usually require more definitive intervention, including rubber band ligation, hemorrhoidopexy, or hemorrhoidectomy, especially in symptomatic cases. Grade IV hemorrhoids are permanently prolapsed and generally require surgical treatment, most commonly hemorrhoidectomy. Therefore, the high proportion of Grade III and IV cases implied an increased need for surgical management rather than conservative treatment.

The graph demonstrated that most patients presented with advanced hemorrhoidal disease, with Grade IV hemorrhoids accounting for the highest frequency, followed by Grade III hemorrhoids. This pattern suggested delayed presentation and healthcare seeking behavior among affected individuals. Consequently, a larger proportion of patients required surgical intervention rather than conservative treatment. The predominance of advanced grades is associated with increased symptom severity, higher treatment costs, greater postoperative morbidity, and a less favorable short-term prognosis compared with patients presenting with early-stage disease. However, appropriate surgical management can still achieve satisfactory long-term outcomes.

The prevalence observed (3.4%) aligned with national and regional studies, suggesting hemorrhoids remained a significant health issue in semi-urban Nigerian communities. (Johanson & Sonnenberg, 1990; Riss et al., 2012). The male predominance and peak incidence in middle age are consistent with prior studies (Sun & Migaly, 2016). Lifestyle factors such as poor dietary fiber intake and sedentary occupations contribute to the burden. The findings underscored the importance of preventive measures, including dietary modification, public health education and early medical intervention.

CONCLUSION

Hemorrhoids remain a significant health concern in private hospital settings, with a notable prevalence among middle-aged adults and sedentary workers most affected in Ife East LGA. Public health strategies focusing on lifestyle modification and awareness

campaigns are essential to reduce incidence and improve quality of life.

Recommendations

Community health education on fiber-rich diets and hydration, encouragement of regular physical activity to reduce sedentary lifestyle risks. Training healthcare providers in early diagnosis and minimally invasive management. Moreover, further large-scale studies to compare prevalence across rural and urban settings in Osun State is an.

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