

## *Pruritus ani*

"Pruritus ani" is anal itching. It is often intense, embarrassing and uncomfortable. A person with this condition often feels they have "tried everything" to make it go away. Here is a summary of things to check, and things to try.

### *Causes*

Cleanliness is almost *never* a factor. However, the natural tendency, when the intense itching starts, is to wash the area vigorously and frequently. This establishes the problem and makes it worse.

Pruritus ani may be related to "dermatographic urticaria," a skin condition in which minor trauma (such as scratching) causes a local allergic-like reaction. (The name roughly means "nettle-sting from writing on the skin.") It may also be related to "neurodermatitis," a benign itch-scratch cycle that results in skin changes. Its similarity to these conditions means that avoiding trauma to the area, from scratching, scrubbing, and rubbing, is paramount.

Other possible causes, which need other kinds of treatment, to rule out with your doctor:

- Hemorrhoids (enlarged veins around the anus), fissure (split in the skin), and skin tags.
- Pinworms (especially if other family members have the same problem).
- Erythrasma (bacteria causing wide brown scaly patches).
- Yeast growing in skin folds (unusual in normal-weight persons who have normal immune systems).
- Sexually transmitted infections, including papilloma virus (warts).
- Any other skin abnormality in the area, such as psoriasis or "jock itch" dermatophytosis.

It is thought that pruritus ani might first start, or be aggravated, by foods that make bowel movements and bowel secretions more irritating:

*Spices and hot sauces  
Citrus and tomato products*

*Coffee, black tea  
Carbonated beverages*

*Beer, wine  
Dairy products*

### *Prognosis and Treatment*

In many cases, the problem can take months to go away. However, in most people it does finally go away. It may require a carefully planned course of treatment.

The treatment measures listed below are somewhat inconvenient, but will only be necessary until the problem is resolved.

**General management:** to minimize trauma and allow the skin to strengthen and heal:

- Minimize use of dry toilet paper. Instead, as often as possible (daily at least), rinse with plain water, by squatting in the bathtub.
- Minimize use of soap in the area - see above for rinsing with plain water.
- Do not scrub dry with a towel - blot with soft cloth instead (e.g. clean old t-shirt cut into squares).
- Keep the area dry.
- Wear loose cotton underwear to allow air circulation, and no bottoms at night, if possible.
- Some patients apply a cotton ball, fluff, or a 4 x 4 gauze to the area, inside their underwear, and change as needed, to absorb moisture. For others, this might cause more irritation.
- If scratching at night is a problem, keep nails trimmed very short. Some patients wear socks on their hands to sleep for a short time, or after particularly itchy days.

**Medications** to try:

- Over-the-counter antifungal cream (butenafine or clotrimazole/Lotrimin) cream, mixed with over-the-counter hydrocortisone 1% cream, applied to clean skin daily for 7-10 days at a time (longer may cause side effects).
- A mild alpha-hydroxy acid applied to clean skin each day (over the counter).
- Plain vaseline or zinc oxide ointment applied to clean skin each day (as a moisture barrier).
- Antihistamines:
  - If unable to avoid scratching in the night, a **sedating antihistamine at bedtime** (like diphenhydramine/Benadryl), may reduce the skin irritation and allow improved sleep.
  - **Non-drowsy antihistamines during the daytime** may help to break the itch-scratch cycle. Try over-the-counter products that block both types of histamine receptors: H1 (the "allergy" antihistamines, like loratidine/Claritin or fexofenadine/Allegra) AND H2 (the "stomach acid" antihistamines, like famotidine/Pepcid or ranitidine/Zantac).
  - Note: for nighttime use, H2 blockers listed above can be used along with diphenhydramine, which is an H1 blocker, for "double coverage" of the local inflammation.

**Medications to avoid** or minimize:

- Strong prescription steroid creams. These thin the skin (no matter where you use them), and can make the delicate anal skin more vulnerable to irritation and damage, causing itching.
- Strong cleaning agents as found in baby wipes, alcohol wipes, witch hazel pads, etc. These dry out the skin and also make it more vulnerable.
- Over-the-counter medicated, perfumed and deodorant powders.

***A Plan***

I suggest making a solid, written plan. Keep it where you can refer to it occasionally to review progress. Example below:

Start date \_\_\_/\_\_\_/\_\_\_\_\_

1. *One month food elimination: Spicy, soda, alcohol, citrus*  
*Gradually re-introduce in moderation after 1 month, starting on date \_\_\_/\_\_\_/\_\_\_\_\_*
2. *Twice-daily rinse, no soap, soft cloth dry*
3. *Zinc oxide ointment in morning, loose cotton underwear (rinse and fresh underwear after exercising)*
4. *H1/H2 antihistamines in morning, diphenhydramine in evening*

**For more information**, start at Wikipedia (enter search terms or follow links below):

Pruritus ani: [http://en.wikipedia.org/wiki/Pruritus\\_ani](http://en.wikipedia.org/wiki/Pruritus_ani)

Dermatographic urticaria: [http://en.wikipedia.org/wiki/Dermatographic\\_urticaria](http://en.wikipedia.org/wiki/Dermatographic_urticaria)

Neurodermatitis: [http://en.wikipedia.org/wiki/Lichen\\_simplex\\_chronicus](http://en.wikipedia.org/wiki/Lichen_simplex_chronicus)

**Another resource:** The Mayo Clinic (enter search terms or follow links below):

Anal itching: <http://www.mayoclinic.com/health/anal-itching/DS00453>

Dermatographia: <http://www.mayoclinic.com/health/Dermatographia/DS00755>

Neurodermatitis: <http://www.mayoclinic.com/health/neurodermatitis/DS00712>