

Itching...and Itching...and Itching...

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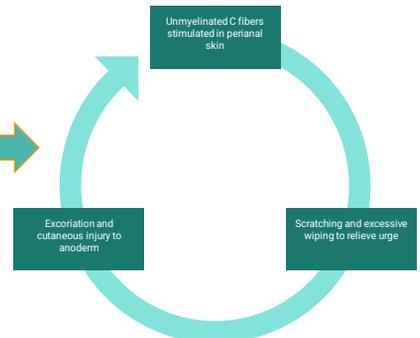
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“Itchy Anus”

- Latin term - Pruritus ani
- Affects 2-5% of the general population - but likely underreported
- Most common in 4th - 6th decades of life, and in males
- Urge to itch mediated by unmyelinated C fibers
- In about 75%, underlying cause can be identified; rest is “idiopathic”

“Vicious cycle”
of pruritus
ani

“Itch-scratch-itch”



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Table 17.1 Common causes of anal pruritus

Category	Specific inciting factors
Diet	Tomatoes, chocolate, citric fruits, spices, coffee (including both caffeinated and decaffeinated), tea, cola, beer, milk and other dairy products Popcorn, figs, prunes, grapes, spicy foods, peanuts
Diarrheal state	Inflammatory bowel diseases, irritable bowel syndrome
Fecal soiling	Encopresis Incontinence Chronic diarrhea Poor hygiene Transient relaxation of internal sphincter Prolapsed, hemorrhoids, etc.
Local irritation	Soaps and detergents Topical creams and medications Obesity, excessive hair Tight-fit clothing Poor hygiene or excessive hygiene
Dermatologic disorders	Psoriasis Contact dermatitis Atopic dermatitis Bowen's disease, Paget's disease Hidradenitis
Anorectal disorders	Fissures Hemorrhoids Proctitis Abscess Fistula Rectal cancer Anal cancer (squamous cell carcinoma) Adenomatous
Infections	<i>Candida albicans</i> Dermatophytes (<i>Malassezia furfur</i>) <i>Staphylococcus aureus</i> Beta-hemolytic streptococcus <i>Corynebacterium minutissimum</i> (erythrasma) Human papilloma virus Herpes simplex <i>Sarcoptes scabiei</i> (scabies) <i>Enterobius vermicularis</i> (pinworms)
Systemic disease	Diabetes mellitus Leukemia Thyroid disorders Liver disease Renal failure
Gynecologic	Menopause, vaginitis
Psychological	Depression, anxiety, psychosis



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Pruritus Ani

- Ask questions and always look!
- History:
 - Can identify causative factor
 - Ask about risk factors, bowel habits, duration, hygiene, medical and sexual history
- Physical Exam:
 - If suspicious or concerned for malignancy, always obtain a biopsy
 - Anoscopy to evaluate anal canal and distal rectum
- Lab Testing:
 - If suspicious for an infectious cause, obtain swabs for virology and microbiology



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Pruritus Ani - Causes

- Fecal Soilage or Diarrhea:
 - Many believe the anus is not getting clean enough and then overwipe
 - Feces is both an irritant and allergen
 - Many anorectal conditions (hemorrhoids, prolapse, fissures, abscesses, fistulas) can contribute to fecal soilage
- Foods or Medications:
 - Unclear if it is a mild allergy or direct exposure of the skin
 - Can try eliminating for 2 weeks and if no improvement, not likely the cause

Coffee, tea (even decaffeinated)	Nuts
Carbonated beverages	Chocolate
Milk products	Cheese
Citric fruits and juices	Tomatoes and tomato products
Beer/wine/alcohol	Tobacco



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Pruritus Ani - Causes

- Dermatologic Diseases:
 - Contact dermatitis
 - Atopic dermatitis
 - Psoriasis
 - Lichen sclerosus
 - Seborrheic dermatitis
 - Hidradenitis suppurativa
 - Bowen's disease (SCC-in situ)
 - Paget's disease (perianal intraepithelial adenocarcinoma)
- Infections:
 - Fungal (10-15% of cases) - erythematous plaques and satellite lesions
 - Pinworms



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Pruritus Ani - Treatment (First Encounter)

- Break the itch-scratch-itch cycle!
- Improve anal hygiene
 - Can do Sitz baths/use bidets after defecation to keep skin clean
 - Avoid excessive wiping
 - Cornstarch powder if needed to keep area dry; can use barrier ointment overnight
 - Wear loose fitting clothing
- Food education
- Remove inciting agents
- Improve bowel habits
 - High fiber diet to add bulk to stool
 - 64oz of water intake a day
 - May need antidiarrheals to allow healing of perianal skin

Effective in up to 90%



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Pruritus Ani - Treatment (Second Encounter)

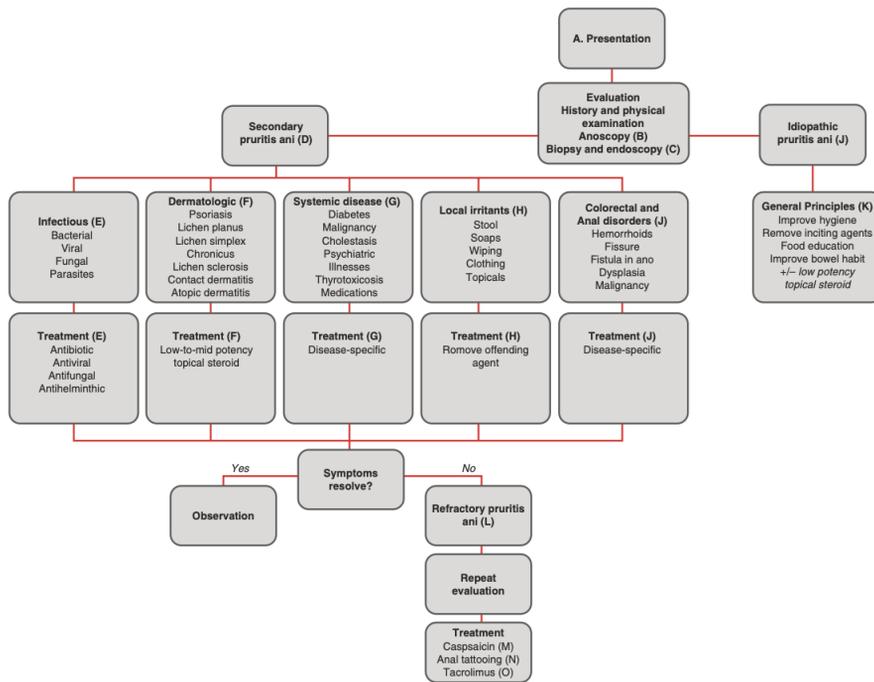
- 3 to 6 weeks later
- If still persistent, consider biopsy and endoscopy
- Can try low potency steroid cream (1% hydrocortisone, or even higher concentration 0.05% clobetasol) for 2 weeks, no more than 8 weeks as can cause skin atrophy
- Can try systemic antihistamines



- Topical capsaicin for refractory cases (causes inhibitory feedback)
- Topical tacrolimus 0.1% if unable to wean off corticosteroids
- Last resort: anal tattooing with methylene blue
 - Toxic to the nerves that supply the perianal skin and the tattoo disappears in 3-4 weeks)



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Thank You!



References

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