

Proctalgia Fugax

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Proctalgia fugax can occur without warning, the victim being stricken with a sudden, severe pain in the vicinity of the anus. It lasts for several seconds or minutes and then disappears as mysteriously as it came, leaving him exhausted, bewildered, but well. This enigmatic condition is inadequately understood but some believe it is due to spasm of the muscles of the pelvic floor [1,2]. It was once thought to be a disorder of tense young males, particularly doctors, possibly because this sort of person wrote anonymous letters on the subject to medical journals [3-6]. It is generally believed to be rare. In the course of a survey of gastrointestinal symptoms in apparently healthy individuals, we encountered an unexpectedly large number who admitted to symptoms typical of proctalgia fugax.

Subjects and Methods

Five groups of apparently healthy individuals of varied background were asked to volunteer for an interview. Of 327 people approached, 7 were excluded because they had organic gastrointestinal disease, and 19 could not or would not attend for interview, so that 301 (96 per cent) actually took part. The subjects were recruited in three age groups. The first group comprised 104 people between the ages of 17 and 27, of whom 55 were male medical technicians in training at the Royal Naval Hospital, Haslar, and 49 female nursing students. A second group aged 45-65 consisted of 54 individuals (45 male) who were part of a randomly selected population in Bristol undergoing screening for coronary artery disease, plus 43 female clerks in the medical records department. The final 100 subjects aged 60-92 consisted of 63 females and 37 males housed in elderly persons' self-catering flats. In all, there were 137 males and 164 females, more than half of whom had no hospital connection.

Each subject was given a questionnaire by one of two consultant gastroenterologists. The questions dealt with symptoms thought to be due to functional gastrointestinal disorders occurring in the previous 12 months. One question was: 'Do you ever suffer in the back passage sudden, severe pain lasting several seconds or minutes, then disappearing completely?' If the answer was yes, the frequency, time of day, and precipitating factors were sought, and in most cases an informal history was taken to exclude fissures or coccydynia as a cause of the pain.

The data from the questionnaire were put on punch cards and processed by a computer. The 41 subjects with proctalgia were compared with the remaining 260 to look for associations with other symptoms of functional gastrointestinal disorder. A symptom was arbitrarily said to occur 'often' if it occurred on more than a quarter of days or occasions. Results were assessed by chi-squared analysis. Further details of the subjects and questions are given elsewhere [7,8].

Results

Proctalgia fugax had occurred at least once in the previous year in 41 of the 301 subjects questioned (13.6 per cent). In 15 (5 per cent) it occurred more than 6 times in the year and in 4 it occurred at least once a month, but few, if any, had sought medical advice about it. The prevalence was less in the males (8.8 per cent) than in the females (17.7 per cent, $p < 0.05$). The pain occurred at night in 12 per cent of the proctalgia sufferers, by day in 66 per cent, and in the night or day in 22 per cent. It usually followed defaecation in 39 per cent. In the young, middle-aged and elderly groups the prevalence was 17 per cent, 13 per cent and 10 per cent respectively. Although this suggests a decreasing prevalence with age, the differences are not significant. A number of elderly people stated that they had suffered these pains in the past.

Individuals with proctalgia were much more likely than those without it to experience recurrent abdominal pain (Table 1). This pain was apt to be located below the navel, to be relieved by defaecation, and to be accompanied by more frequent and looser stools. The following features of the irritable bowel syndrome [8] were significantly more common in individuals with proctalgia fugax than in others: mucus (ever and often), a feeling of incomplete evacuation after defaecation (ever), urgency (ever), distension (ever), runny or watery stools (ever and often), and straining at stool (ever). On the other hand, straining at stool (often), scybala and laxative use were no more common in proctalgia sufferers than in the remainder.

Discussion

This study shows that proctalgia fugax is a common phenomenon, occurring in about 14 per cent of our 301

Table 1. Percentage of subjects with and without proctalgia fugax admitting to functional gastrointestinal symptoms.

	Subjects without proctalgia fugax (n = 260)	Subjects with proctalgia fugax (n = 41)	Difference Significance (p value)
Abdominal pain			
>6 times/year	16.9	43.9	<0.001
*Pain below navel	6.5	34.1	<0.001
*Pain relieved by defaecation	10.4	34.1	<0.001
*Increased stool frequency with pain onset	2.7	12.2	<0.02
*Looser stools with pain onset	3.5	14.6	<0.01
*Mucus			
ever	2.7	22.0	<0.001
often	0.4	12.2	<0.001
*Feeling of incomplete evacuation			
ever	45.0	78.0	<0.01
often	9.6	12.2	NS
Urgency			
ever	27.3	53.7	<0.001
often	3.1	9.8	NS
*Distension			
ever	26.9	48.8	<0.01
often	8.5	14.6	NS
Runny stools			
ever	30.0	51.0	<0.02
often	3.5	12.2	<0.05
Scybala			
ever	38.1	41.5	NS
often	9.2	9.8	NS
Straining at stool			
ever	35.0	61.0	<0.01
often	10.0	12.2	NS
Laxative use >1/year	23.1	14.6	NS
>2/week	5.4	7.3	NS

*Symptoms shown to be more frequent in the irritable bowel than in organic disease[8].

apparently healthy subjects. The only comparable survey is that of Panitch and Schofferman[9] who questioned 165 young hospital workers in the USA and found proctalgia in 19 per cent, a prevalence similar to that in our young age group (18 per cent). In both studies the pain usually occurred less than once a month.

Proctalgia fugax has been thought to be particularly common in tense young men, but our survey shows that it occurs twice as often in females as in males. The attacks appear to be less frequent in older people. Although the American study showed no predilection for a particular time of day, the present survey indicates that most people suffer their attacks during waking hours. Over one-third reported that proctalgia occurred after a bowel movement.

This study reveals that there is a strong association of

proctalgia fugax with the spastic colon variety of the irritable bowel syndrome (IBS). Nearly half the subjects with proctalgia also suffered recurrent abdominal pain. This pain was typically below the navel and relieved with defaecation. Indeed, the six symptoms that we have previously found to be helpful in the diagnosis of the spastic colon[8] were frequently present. This raises the question whether proctalgia fugax is due to spasm in the colon. Recently, two patients have been described in whom pressure-sensing balloons placed in the sigmoid colon detected a rise in pressure at the same time as the patients experienced a typical attack of proctalgia[10].

There was also an association between proctalgia and the frequent passage of runny stools, which probably represents the painless diarrhoea type of IBS[7]. On the other hand, perhaps surprisingly, there was no association with constipation as manifested by frequent straining at stool, scybala and laxative use.

Proctalgia fugax is common in the population and those who reach hospital are such a small minority that they may well be atypical. Findings in these patients which suggest a psychogenic origin are not necessarily valid for the silent majority of sufferers[11].

There is no known treatment for this devastating but mercifully brief phenomenon[2,12]. Patients can be reassured that there are no harmful sequelae, and that it may become less frequent in time. Management of the associated irritable bowel seems indicated, but whether this will reduce the frequency of attacks remains to be seen.

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