

Progress of Chinese and Western Medicine in the Treatment of Perianal Eczema

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Abstract: *Perianal eczema, as a common skin disease in anus and intestinal department, its clinical manifestations are mainly characterized by itching, perianal moisture with oozing, accompanied by epidermal erosion or even mossy changes. Because of its complex etiology, stubborn symptoms and easy recurrence, it brings great pain to patients' daily life. The purpose of this paper is to summarize the current diagnostic and therapeutic options of perianal eczema and to provide reference for clinical treatment.*

Keywords: Perianal eczema, Western and eastern medicine, Review.

1. Introduction

Perianal eczema [1] is a common allergic skin disease in anorectal medicine. The scope of lesions is mostly limited to the anal opening and perianal skin, and may also extend to the perineum and external genitalia. Clinically, it is mainly characterized by itching, increased local secretions, polymorphic skin lesions, and easy recurrence. Due to the lingering course of the disease, coupled with repeated scratching of the patient, due to perianal skin itching and the stimulation of secretions, resulting in the patient's anus and perianal skin later often thickening, mossy changes or the clinical manifestations of chaffing. As a common disease in anus and intestines [2-3], this disease can occur in people of any age and gender, more women than men, and the incidence rate is increasing year by year.

2. Etiology

At present, the etiology of perianal eczema has not been elucidated, and Chinese medicine [4] believes that the disease is mostly related to wind, dampness and heat. Vegetative deficiency, endowment insufficiency, the evil guest skin, the internal can not pass, the external can not leak, resulting in qi and blood disorders, Ying and Wei; or due to dietary irregularities, overeating spicy and greasy, sweet and fatty wind products, damage to the spleen and stomach, dampness and heat within the birth of; or due to the dampness and heat for a long time, the injury to the yin and blood, the blood deficiency of the wind and the dryness of the skin out of moistening. Common types of evidence are damp-heat immersion type, spleen deficiency and dampness, blood deficiency and wind dryness type. Modern medicine [5] believes that the internal causes of the body are mostly seen in immune deficiency, systemic diseases (e.g., infections, tumors, gastrointestinal disorders, etc.) and hereditary or acquired skin barrier dysfunction. External causes can be seen in contact with allergens or irritants (such as: protein, pollen, fur, dust, cosmetics, clothing, etc.) and with anorectal diseases (such as: mixed hemorrhoids, anal fistula, fissure, prolapse, etc.) produced by the secretion of the perianal skin of the repeated stimulation of eczema-like lesions. According to the characteristics of the skin lesions, eczema can be divided into

acute eczema, subacute eczema and chronic eczema [6]. Acute (subacute) perianal eczema has a rapid onset, obvious clinical symptoms, and is more severe. While chronic perianal eczema is mostly due to acute (subacute) perianal eczema has not been effectively controlled and relieved, recurrent episodes, long lasting. With the change of lesion shape and color in the later stage, the treatment is more difficult and the disease is more difficult to be cured. In view of this, there are many methods of Chinese and Western medicine for the treatment of perianal eczema, which can be roughly summarized as follows.

3. Traditional Chinese Medicine (TCM)

3.1 Internal Administration of Traditional Chinese Medicine

Internal administration of traditional Chinese medicine is one of the common treatment methods in TCM. In Chinese medicine, on the premise of not violating the overall concept and identification of evidence, according to the patient's [7] symptoms and signs, combined with the traditional Chinese medicine four diagnostic examination, identify the different types of perianal eczema, and give the corresponding traditional Chinese medicine soup to be taken internally, in order to achieve the expected therapeutic effect. Wu Yongli et al [8] used Gentian Diarrhea Liver Soup Plus Reduction (Gentian 12g, Chaihu 12g, Gardenia 12g, Psyllium 12g [packet decoction], Angelica sinensis 12g, Radix et Rhizoma 15g, Scutellaria baicalensis 15g, Ze Xie Diarrhea 10g, Mutong 8g, Glycyrrhiza glabra 5g, Bitter ginseng 6g, Bianchengpi 9g) to take the efficacy of its heat-removing, dampness-relieving and anti-itching effect, and treating 20 cases of wet-heat-type perianal eczema, and the study of the after-treatment The results showed that there were 10 cases with obvious effect and 9 cases with effective effect, and the total clinical effective rate reached 95%. Compared with the control group, $p < 0.05$, the clinical effect is more favorable. Zhao Changsheng et al [9] prepared a self-formulated spleen-strengthening, turbidity-eliminating, and collaterals - passing soup (raw Astragalus 15 g, Angelica sinensis 10 g, antifungal 10 g, Cangzhu 15 g, bitter ginseng 10 g, forsythia 10 g, Zihua dicotyledonous 5 g, honeysuckle 15 g, dandelion 10 g, frankincense 10 g, myrrh 10 g, Salvia divinorum 15 g,

cicadas moult 10 g, and sizzling licorice 5 g) for treating patients with spleen-deficiency, phlegm, blood stasis, and stagnation type of chronic perianal eczema. The results of the study showed that compared with the control group, the degree of itching, lesion morphology, lesion area, and DLQI assessment values of the patients intervened with the herbal soup were lower than those of the control group, which indicated that the self-prepared spleen-strengthening, expectorant, turbid, and channel-connecting soup was able to improve the clinical symptoms of the patients with chronic perianal eczema, and improve the quality of life of the patients. Niu Chenyi et al [10] found that the total effective rate of the observation group reached 93.75% in the treatment of patients with blood deficiency, wind dryness type perianal eczema by using the addition and subtraction of elimination of wind powder, and the recurrence rate was 6.67% three months after the discontinuation of the drug. It shows that the formula effectively improves the discomfort symptoms such as dampness, itching and thickening of skin lesions in the perianal area of the patients, and the effect of traditional Chinese medicine intervention is good.

3.2 Chinese Medicine Fumigation Method

Chinese medicine fumigation [11-12], as one of the characteristic external treatments of Chinese medicine, refers to the decoction of the selected Chinese medicine compound into a soup, so that its active ingredients are fully analyzed, so that the patients can fumigate the affected skin under the appropriate temperature. The affected area is first fumigated with the help of heat and water vapor emitted from the broth, followed by a sitz bath for about 15min of treatment when the water temperature is reduced to about 40°C. Through the heat of the soup and the action of the drug, it promotes the circulation of local qi and blood, and the coupling of the coupling is unimpeded, so as to realize the purpose of clearing heat and detoxification, dispelling wind and winning dampness, and eliminating swelling and relieving itching. According to "Li Bo Ewen" [13], "the reason for external treatment is the reason for internal treatment, and the medicine for external treatment is the medicine for internal treatment; what is different is the method. It shows that whether it is the external or internal treatment method [14-15], its treatment method in the medical theory and medicinal properties and there is no essential difference, are based on the theory of traditional Chinese medicine and become. For the treatment of perianal eczema, external treatment can make the effective components of drugs directly to the disease, avoiding the oral drug metabolism through the liver and kidneys to reduce the efficacy of the drug, resulting in the phenomenon of poor efficacy of the drug. In addition, external treatment can reduce the stimulation of internal organs, especially in the application of some drugs that are strong, skin administration is safer than internal treatment. Tang Feng et al [16] treated chronic perianal eczema with herbal fumigation (30 g each of bitter ginseng, white cucumber, diclofenac sodium, snake bed seed, and Momordica charantia, 15 g each of motherwort, 10 g each of wild chrysanthemum, diclofenac sodium, and 10 g each of Xu Changqing), and found that the symptomatic improvement of the treatment group was significantly better than that of the control group, and that both the immediate and long-term effects of the treatment were also significantly stronger than those of the

control group. Li Jiannan et al [17] treated 60 patients with perianal eczema with anal itching lotion (45g of Amaranthus, 45g of Cyperus, 45g of Thornybush, 20g of Floating Pimpernel, 15g of Roasted Ophiopogonis, 15g of Cicada metamorphosis, and 10g of Fenghuang), with 48 patients recovered, and 10 patients improved, with an overall clinical efficacy rate of 96.67%. In the six months after treatment, the quantitative score of itching symptoms was significantly lower than that of patients who used topical tretinoin econazole cream. The clinical efficacy was stronger than that of the western medicine group.

3.3 Other Therapies

Other therapies for perianal eczema include acupuncture, auricular acupressure, acupoint burrowing, and acupoint injection. Traditional Chinese medicine treatment has a long history and is based on the theory of meridians and acupoints, and stimulates perianal acupoints through special auxiliary techniques to dredge meridians and channels, regulate yin and yang, and prevent disease and health care. Luo Tong [18] used ephedra and forsythia and azuki bean soup combined with acupuncture (Quchi, diaphragm yu, lung yu, Shenmen, Neiguan, Sea of Blood, Houxi, Yangxi, a total of 8 points, bilaterally) in the treatment of 31 patients with damp-heat downstream type of perianal eczema, and after 2 weeks of treatment, there was no significant difference between the treatment group (soup + acupuncture) in the scoring of itching symptoms and the control group, and in the total scoring of signs and symptoms, the treatment group was significantly better than the control group. It indicates that acupuncture physiotherapy has certain efficacy in treating perianal eczema in clinical practice. Wen Yong et al [19] found that after treating chronic perianal eczema through auricular acupoint pressure (Fengxi, adrenal glands, the tip of the opposite screen, lungs, spleen, and anus), combined with levocetirizine hydrochloride orally and hydrocortisone butyrate externally as a basic treatment, the symptoms of patients in both groups improved compared with the pre-treatment period; however, symptomatic manifestations, lesion status, and the recurrence rate of the later period in the patients of the treatment group were significantly better than those of the auricular acupoint pseudopressure group, which indicated that the auricular acupoint pressure could relieve the clinical symptoms of chronic perianal eczema, improve local skin lesions, and improve the quality of life. Longqing et al [20] used auricular acupoint pressure (binaural lung, heart, Fengxi, adrenal glands, Shenmen, anus) and acupoint buried line (Changqiang, bilateral Chengshan, Foot Sanli, Sanyinjiao, Quchi, Sea of Blood) in the premise of methylene blue local perianal closure, after the treatment of 39 cases of patients, it was concluded that the auricular acupoint pressure combined with acupoint buried line can effectively alleviate perianal itchiness and wetness of the symptom, and the local skin lesions can be improved, and the clinical effect is better than the single auricular acupoint pressure. It is better than single auricular acupoint pressure and has a low recurrence rate, which indicates that acupoint buried line has a certain role in the treatment of chronic perianal eczema. Xu Haixia et al [21] used self-blooding acupoint (Quchi, intestinal wind) injections, together with snake bed seed soup (15 g of snake bed seed, 15 g of wilsonia, 15 g of shrinking sand shell, 15 g of angelica tail, 15 g of bitter ginseng, 7 old onion heads, and

10 g of earth rhubarb) in sitz baths and external cleansing. In the control group, hydrocortisone cream was applied externally. Both groups received potassium permanganate baths before treatment. After 6 weeks of treatment, the symptom scores of both groups were found to be lower than before treatment, and the treatment group was better than the control group. In the assessment of overall efficiency, the treatment group was 91.7%, which was significantly higher than the control group, and the clinical efficacy was satisfactory.

4. Western Medical Treatment

4.1 Drug Treatment

4.1.1 Local treatment

At present, clinical local treatment mostly adopts topical drug application and perianal local closed treatment. Local topical drug treatment can make the active ingredients of the drug reach the affected area directly through the skin, avoiding the gastrointestinal reaction due to internal intake, as well as the first-pass effect of the liver that leads to a decrease in the efficacy of the drug [22]. And perianal local closed treatment refers to the injection of specific drugs into the perianal subcutaneous tissue, through blocking nerve conduction, to reduce the itching discomfort and other symptoms of patients. Lin Shu [23] treated 32 patients with subacute eczema by using Denuded cream combined with compound polymyxin B ointment, while the control group used Denuded cream alone, and at the end of the study, it was found that: the itching, lesions and other symptoms of the patients in the two groups had been relieved, and the symptomatic relief rate of the treatment group was 96.88%, while that of the control group was 81.25%. It shows the efficacy of both drugs in the treatment of subacute perianal eczema, and the combined application is more effective. Liang Sen [24] used tretinoin econazole cream to treat 110 patients with perianal eczema, and the total clinical effectiveness rate was 92.8%, which was higher than that of the control group, and the therapeutic effect was better. Li Kun et al [25] used methylene blue combined with dexamethasone local closed injection to treat 40 patients with perianal eczema, while the control group was externally coated with halometasone ointment for observation. After 14 days of treatment, the clinical effective rate of the treatment group was 95%, and the clinical effective rate of the control group was 85%, indicating that the combined application of methylene blue and dexamethasone can effectively alleviate the itching and discomfort of patients with perianal eczema and improve the quality of life of patients. Luo Linsan et al [26] on 63 patients with compound methylene blue local injection, the control group was given prednisolone acetate cream external coating, after 2 weeks of treatment, found that the patients in the local injection group were cured in 32 cases, the effect of 19 cases, the improvement of 11 cases, the total effective rate of 98.4%; the patients in the control group were cured in 27 cases, the effect of 20 cases, the improvement of 10 cases, the total effective rate of 90.5%. The treatment group was superior to the control group. Li Yin et al [27] found that the traditional methylene blue perianal closed injection can effectively relieve the itching and discomfort of patients in the short term, but in the long term, the treatment will bring the patients with anal

swelling, skin tingling, burning and other adverse reactions. In order to improve its limitations, Li Yin et al. added dexamethasone sodium phosphate to methylene blue injection to treat 40 patients. After the study, it was found that the total effective rate of the treatment group was 95%, which was higher than that of the traditional methylene blue local injection group.

4.1.2 Systemic treatment

Modern research has found that the onset of perianal eczema is closely related to the internal and external factors of the organism, therefore, both internal and external treatment can be used. Song Hongjie [28] found that histamine, as a mediator of related dermatological diseases, releases active substances by inducing the expression of inflammatory factors, triggering clinical manifestations such as itchy skin after pharmacological tests. And nowadays, the commonly used drugs in clinical practice include antihistamines, glucocorticoids, compound glycyrrhizin, and tranquilizers. The way of drug administration is not homogenized, it can be taken internally, used externally, intravenous drip and so on. Among them, antihistamines (loratadine, etc.) [29] reduce the release of inflammatory mediators by competitively inhibiting histamine receptors, which in turn improves clinical symptoms. Wu Xiaoqi [30] found that after 43 patients with perianal eczema were treated with internal loratadine combined with mometasone furoate cream externally, the total effective rate of the treatment in this group was 95.35%, which was higher than that of the patients in the single externally-applied mometasone furoate cream group, and the scores of the lesions of the combined group after the treatment were also significantly superior to those of the single externally-applied mometasone furoate cream group, so that the clinical effectiveness was obvious. Zhang Zhongkui et al. [31] found that compound glycyrrhizin, as an extract of the traditional Chinese medicine licorice, can effectively control the inflammatory reaction of the affected area, inhibit the excessive proliferation of inflammation, and significantly reduce the burning, itching, pain and other discomforts, in line with the efficacy of the traditional Chinese medicine licorice, which is "clearing heat and removing toxins", and it is often applied in eczema and dermatitis, achieving good therapeutic effects. It is often used in eczema dermatitis and other diseases, and has achieved good therapeutic effects. Zhou Lihong et al. [32] found through Meta-analysis that the efficacy of compound glycyrrhizin combined with antihistamine oral and/or topical glucocorticoid in the treatment of eczema and dermatitis was better than that of the conventional treatment group (oral and/or topical glucocorticoid), and there were no adverse reactions.

4.2 Physiotherapy

Physiotherapy [33-34] is a non-invasive, safe and easy-to-apply clinical treatment through physical factors such as light, electricity and sound, which can act directly on the affected area and have therapeutic effects such as controlling pain and sources of inflammation. Physical therapy can be used when patients with perianal eczema do not respond well to medication or when the body cannot tolerate medication. Commonly used physical therapy includes infrared therapy, laser electrocautery, photon therapy and so

on. Chen Jinghong et al [35] applied ozone hydrotherapy combined with infrared irradiation to treat 56 patients with perianal eczema, while the control group was given compound cypress liquid wet compress combined with topical application of Dinocaprolactone cream. The results after treatment showed that the total effective rate of the treatment group was 96.43%, which was significantly higher than that of the control group (75%), and the symptom scores, recurrence rate, and later dermatologic life scale scores of the treatment group were better than those of the control group. It indicates that comparing with the conventional medication intervention, physical therapy can effectively relieve the discomfort symptoms of patients with perianal eczema, reduce the recurrence rate, and improve the quality of life of patients. Li Jianxia et al [36] used laser electrocautery to treat 31 patients with perianal eczema, while the control group was treated with perianal subcutaneous peripheral nerve dissection. Comprehensive nursing interventions were implemented in both groups. After treatment, it was found that the treatment effectiveness rate of the observation group was 87.1%, and that of the control group was 60%, and the difference was statistically significant. In the symptom score, nursing satisfaction and the occurrence of complications, the treatment group was better than the control group. This indicates that laser electrocautery combined with comprehensive nursing intervention can effectively relieve the clinical symptoms of patients with perianal eczema, and the effect is remarkable.

4.3 Surgical Treatment

Perianal skin is relatively weak, rich in peripheral blood flow, dense distribution of nerve endings, and easy to be attacked, itching, infection, breakage and other symptoms and signs, so that the patient's discomfort is aggravated, and in severe cases, daily life will be affected. When medication and physical therapy fail to relieve the patient's pain, surgical treatment is the only way. Currently, the surgical methods used in the clinic include perianal peripheral nerve dissection, perianal subcutaneous nerve free hanging and so on. The mechanism is: to destroy the perianal peripheral nerves through surgery, blocking the conduction of neurotransmitters, so that the patient's itching discomfort is reduced or disappeared. Liu Qing [37] used perianal peripheral nerve dissections to treat 30 cases of chronic perianal eczema, while the conservative group carried out traditional Chinese medicine sitz bath fumigation combined with the external application of Parasol. After the study, it was found that the clinical symptom scores of the patients in the surgical group 1 week after surgery were lower than those of the patients who were treated conservatively for 1 course of treatment. At the 9-month follow-up, the recurrence rate was significantly lower in the surgical group than in the conservative group. Compared with medication, perianal peripheral nerve dissections can effectively alleviate the clinical discomfort of patients with good therapeutic effects and are not easy to recur after surgery. Sun Yiqi et al [38], in order to observe the therapeutic effect of perianal subcutaneous nerve free hanging, the experimental group used this procedure to treat 50 cases of perianal eczema patients. Similarly, the control group performed perianal subcutaneous nerve freeing to treat 50 patients. After the test, it was found that the total effective rate of perianal subcutaneous nerve free hanging wire surgery was 94%,

which was higher than that of the control group; in the comparison of long-term therapeutic efficacy, the effective rate of the experimental group of patients was 90%, while the effective rate of the control group was 60%, which indicated that the postoperative recurrence of patients who underwent perianal subcutaneous nerve free hanging wire surgery was lower than that of the control group. For patients with perianal eczema, the postoperative hanging wire can effectively block the transmission of peripheral nerves, reduce or even eliminate the symptoms of itching and discomfort, delay the healing of the surgical incision, adequate drainage, prevent the subcutaneous incision from infections, hematomas and other adverse reactions, so that the disease can be cured, and the disease will not be easy to recur in the future.

5. Summary

Perianal eczema as a common disease of anus and intestines, has a complex etiology, lingering course, easy to recur, often difficult to cure, or cure again after recurrence, belongs to the clinical difficulties of miscellaneous diseases, for the patient's life and work has brought a lot of trouble. At present, there are many kinds of clinical diagnosis and treatment for perianal eczema, such as drug therapy, non-drug therapy, surgical treatment and so on. These treatment programs can be applied individually or in combination. However, due to the complexity of the etiology of perianal eczema, some treatments are often only in the soup to stop the boil, rather than the bottom of the cauldron, and can not be based on the cause of the root cause of the effective treatment. Therefore, with the future progress of science and technology and the improvement of medical technology level, medical workers should actively carry out research on the etiology of perianal eczema, to clarify its pathogenesis, to develop scientific and reasonable diagnosis and treatment programs for the etiology of the disease, to relieve the suffering of patients, and bring the gospel to the patients.

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