



Proctalgia Fugax - and Other Pains

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“...dull, throbbing, tearing, sickening pain comparable to nothing on earth – one feels as though a hard stone in the rectum was wanting to get out.”

– Anonymous sufferer of proctalgia fugax

Many diseases of the anus and rectum may cause severe rectal pain. Usually a doctor can identify such a condition by examining the area. One pain that cannot be so identified is that with the Greco-Roman moniker, *proctalgia fugax*. This is a sudden, severe pain in the region of the rectum and anus that lasts several minutes and then disappears completely. Even when the victims' nether regions are examined during attacks of pain, no consistent abnormality is identified. Despite the sometimes excruciating pain, the proctalgia fugax sufferer is perfectly well, once the attack has subsided.

This puzzling phenomenon is reported in 5 to 15% of respondents in population surveys. Many years ago it was described as a, “male condition, even a doctor’s disease,” since only male doctors had the temerity to report their bewildering experiences in the pages of medical journals. For most, the pain is so fleeting that it seldom reaches medical attention.

Thanks to surveys, we now know that proctalgia fugax is actually more prevalent in women than in men.

Nevertheless, many of you readers must have experienced the pain and wondered, “What was that?!” No doubt, the pain can be very severe. Some equate it with the pains of childbirth or a gallbladder attack, and it has been known to cause one to faint.

Nevertheless, the pain of proctalgia fugax is mercifully brief. It occurs without warning, often when one is in a deep sleep. Some individuals report that it follows sexual activity. The pain is felt deep in the rectum, usually midline, but occasionally favoring one side. It has been described as “searing,” “cramping,” “stabbing,” “grinding,” and “gnawing.” Attacks seem to average about 6 per year. In some it is much less frequent, and in others it may occur in clusters. Unlike the several painful physical diseases

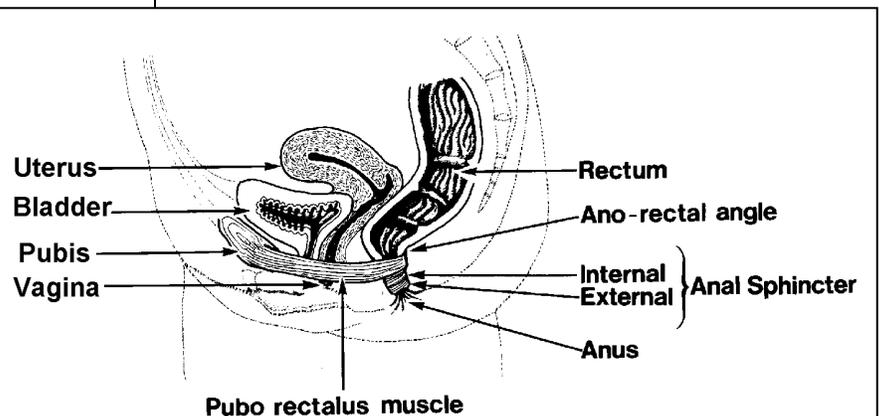


FIGURE 1 – MUSCLES OF THE PELVIC FLOOR

The puborectalis muscle extends from the pubic bone as a sling around the rectum. It tends to pull the rectum forward creating an anorectal angle that assists in preventing incontinence. Spasm of this muscle is believed by some to be responsible for the fleeting pain of proctalgia fugax.

of the anus, the pain does not coincide with defecation. Indeed, it seems that the attack may end with the passage of a little gas or stool. At one time, this pain was thought to be associated with irritable bowel syndrome or constipation, but it now appears that there are no associated conditions, and no risk of serious complications.

There are several suggested causes. Spasm of the muscular walls of the anus or rectum was suspected, but has not consistently been seen to coincide with an attack. To say the least, testing for abnormalities in the bottom of a person with such a transient condition is difficult. Several physician-sufferers have examined themselves during an attack and report a painful band of muscle pressing on the sides and back of the rectum. This suggests that proctalgia fugax is not an anorectal problem at all, but rather one of spasm of the puborectalis muscle. This muscle is a sling from the pubic bone that supports the anorectal angle, and normally relaxes during defecation (Figure 1). It is not an intestinal muscle, but rather a skeletal muscle similar to the muscles of the arm. If all this is true, then proctalgia fugax is but a “charlie horse” (or muscle cramp) of the backside.

There are studies that link proctalgia fugax to emotional stress. However, cause can be confused with effect. Moreover, the data suffer from “referral bias” in that most individuals do not see doctors for the condition, and are excluded from study.

Whatever the cause, sufferers should be confident that the pain is not an indication of something more serious. The typical spontaneous, infrequent, transient occurrences require no medical attention. However, if there are other symptoms or the attacks are frequent and lengthy, a doctor should examine the anorectum. The area where the pain occurs is very sensitive and disease there can cause excruciating pain. Typically, however, pain due to anal pathology [disease or structural abnormality] is unrelenting, or aggravated by the passage of a stool. An anal fissure, for example is a small tear, like a paper cut, in the anal canal. It may be difficult for the doctor to see, but the stretching and chemical effects of a passing stool elicits severe pain due to reflex spasm of the anal sphincter muscle. Other diseases may include anal ulcers, fistulas, or abscesses that are outside the scope of this article. (See “*What Do you Do After...Anal Discomfort and How to Deal With It.*” IFFGD Fact Sheet No. 137.)

When the anal pain is persistent and no abnormality can be seen on examination, the condition is known as *chronic proctalgia*. This phenomenon is as puzzling as proctalgia fugax, but in this case the pain is chronic and may intrude into a person’s life. If the

pain occurs frequently, lasts for hours and interferes with living, it is wise to discuss the problem with a doctor.

By the time an attack of proctalgia fugax is treated, the pain has usually subsided of its own volition. Nevertheless, many cures have been advocated, including nitroglycerine, anti-epileptics and psychoactive drugs. None has a rationale, and none can be recommended. One small trial showed that inhaling salbutamol, a drug used for asthma, shortens attacks of proctalgia fugax. If you have severe lengthy attacks, you may wish to discuss the use of this drug with your doctor. For most of us, such treatment would be therapeutic overkill.

The most enduring treatment is the application of pressure to the anorectal area. This may be done manually, or by sitting on the edge of a table or counter. The attacks are usually so infrequent that the use of medication to prevent attacks would be impractical, even if such a medication existed. The best management is to exclude the diseases briefly mentioned above, allow time, and be secure that nothing more serious will ensue.

Suggested Reading

Tries, J. *Disorders Related To Excessive Pelvic Floor Muscle Tension*. IFFGD. Fact Sheet No. 109.

Thompson, W. *What You Can Do After... (Anal Discomfort and How to Deal With It)*. IFFGD. Fact Sheet No. 137.

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