

Treatment of Pruritis Ani

Pruritis ani is a Latin term meaning “itchy anus.” There are many anorectal conditions that contribute to Pruritis ani, including hemorrhoids, anal fissures, skin rashes, pinworms, warts or other skin lesions, and overzealous/aggressive hygiene. Various foods may also contribute to itching as well.

Contrary to what may seem natural, aggressive cleaning can destroy natural skin barriers and cause trauma to the anal skin, making the problem worse. The goal of treatment is to create a dry, clean, intact perianal area and eliminate any associated conditions.

For treatment of pruritus ani, the following is recommended:

1. Treatment of any hemorrhoids or anal fissures, if found, under the direction of your provider.
2. Daily fiber supplementation and adequate hydration. The goal is soft, smooth, bulky, and easy-to-clean stool.
3. Use plain, dry, unscented toilet paper and avoid scratching or abrading the skin with your hands or toilet paper.
4. Discontinue use of all wet wipes, baby wipes, hemorrhoid pads, perfumes, any creams or ointments containing hydrocortisone, and any products containing alcohol or witch hazel. A safe cleansing alternative to wet wipes is Balneol®, an over the counter (OTC) cleansing lotion. Apply a dime-sized amount of this cleanser to toilet paper before wiping.
5. If leakage or soiling occurs, you may apply an OTC zinc-oxide barrier cream such as Desitin® or A&D® to the affected area. Many generic formulations of zinc oxide creams are available.
6. Clean the area in the shower with plain water rinses. Do not apply any soaps or shampoos to the area around the anus.
7. If you have a skin rash, please follow the recommendations of your provider for treatment.
8. Over the counter treatments are typically used as first-line treatments (see below).
9. Your provider may recommend avoiding some types of food and drink, such as spicy foods, acidic foods, caffeine, and some dairy products etc.

Treatment of Rashes

In addition to the steps listed above, purchase the anti-fungal cream that your provider recommends. Examples of OTC antifungal creams include Miconazole (pictured, compare to Monistat®), Clotrimazole (pictured, compare to Lotrimin®), Butenafine Hydrochloride (compare to Lotrimin Ultra®) and Terbinafine Hydrochloride (compare to Lamisil AT®). Many different generic formulations of these creams are available. Depending on severity, your provider may instead recommend a prescription antifungal/steroid cream such as Lotrisone or Mycolog II.



1. After cleaning and thoroughly drying the area, apply a pea-sized amount of the cream to the tip of your finger and spread to the affected area and surrounding skin twice a day for 10 days.
2. Wash your hands after each application.
3. Inform your provider if your condition persists after 10 days of treatment or worsens at any time