# Inflammatory diseases of the anus

## Proctitis

It is an acute or chronic disease of **anus** characterized by **bloody and thin stools**. In the acute stage, proctitis is accompanied by fever and transient **sphincter insufficiency** with incontinence may be present.

### Causes

M. Crohn, proctitis ulcerosa, post-radiation proctitis, Lymphogranuloma venereum, Gonorrhea, AIDS, carcinoma.

### Diagnosis

Red hemorrhagic mucosa with superficial defects to ulcerations. Diagnosis requires **rectoscopy** with biopsy of the mucosa and bacteriological examination.

### Therapy

Diet modification, chamomile infusions, corticosteroids.

## Anal a periproctal abscess

### Patogenesis

### Classification

- **subcutaneous** (5-10%) - on the sides of the anus, usually located further away from the anus;
- **submucosal** (5%) - located between the mucosa and the internal sphincter, often *perforating* into the rectum;
- **intersphincteric** (upper and lower) (40-50%) - the upper one propagates over the m. levator ani (supralevator), the lower one is more common;
- **transsphincteric** (30-40%) - affects the fossa ischiorectalis, forming a so-called **horseshoe-shaped abscess**;
- **pelvirectal** - rarely occurring around the rectum, above the levators and below the pelvic peritoneum, usually the infection originates from the **gynaecological organs**, prostate, seminal vesicles, or urinary bladder.

### Symptoms

Anal abscesses usually present with **pressure** in the anorectal area and significant pain, which increases after defecation. Increased **temperature, shivering and chills** can be expected in patients with anal abscess. The abscess may also cause a septic condition with subsequent **alteration'** of the organism.

### Diagnosis

- **Superficial abscesses** - inspection and palpation with two fingers (one finger inside the rectum, the other externally), sometimes it is necessary to perform the examination under anaesthesia because of the great pain.
- **Deep abscesses** - examination by CT and endosonography.

### Therapy

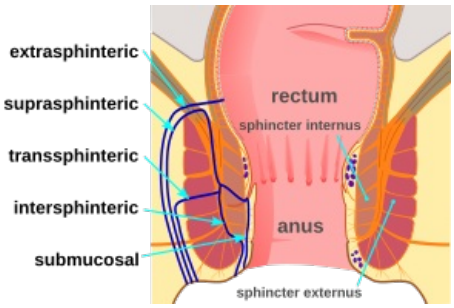
The mainstay of therapy is early **incision** followed by drainage of the abscess. The **radical**, T-shaped and **cross** incisions are used. The abscess can also be opened transanally, but care must be taken to preserve the *m. puborectalis* because of possible incontinence.

## Anorectal fistulas

### Pathogenesis

### Classification

- **submucosal and subcutaneous** - run inward from the sphincters;
- **extrasphincteric** - bypassing the sphincters;
- **intersphincteric** - between the two sphincters;
- **transsphincteric** - pass through different parts of the sphincters.



Anorectal fistulas - classification

### Diagnosis

On inspection, we can see a secreting **ostium of the fistula** in the perianal area or in the perineal region. Palpation reveals a rigid band corresponding to a fistula under the skin. A **fistulography** can also be

performed - spraying the fistula with methylene blue.

#### Therapy

The therapy is surgical and is performed:

- **dissection** of the fistula and subsequent healing per secundam;
- **fistulectomy** - excision of the fistula wall and subsequent healing per secundam;
- procedural **sphincter pruning** - a thread is pulled through the fistula and tightened at the anus, followed by gradual tightening over 2 to 3 weeks. Ligature begins to prune through the sphincter with simultaneous fibrous healing immediately behind the fiber. This procedure is called *Hippocratic elastic ligature*. If a radical excision is resorted to, **incontinence** could result.

### Atypical fistulas

Atypical fistulas in the anorectal region are typical for, for example, **m.Crohn'**, venereal disease and leukosis. These are fistulas: **extrasphincteric** fistulas; **pelvirectal** fistulas; **recto-organ** fistulas.

#### Therapy

Therapy consists of wide opening and **drainage**. Sometimes a temporary **colostomy** is needed due to advanced disease.

### Fistulating pyoderma

It is a skin anomaly manifested by the formation of **retention cysts.** It occurs in the perianal and inguinal areas, as well as on the abdomen, popliteal and axillae. The disease often occurs in *obese* people with a metabolic disorder and a tendency to form *acne*.

#### Clinical picture

These are subcutaneous abscesses with formation of fistulas and secretion of **pus**, which, by their chronicity, lead to the formation of indurations and livid discoloration of the skin.

#### Therapy

In the early stages, conservative therapy with **antibiotics** may be resorted to. However, treatment with antibiotics is often unsuccessful. It is therefore important to perform **excision** of the affected skin sections with opening of the communicating abscesses. After excision, the skin is allowed to heal per secundam, or plastic surgery may be used.

## Links

### Related articles

- Periproctal fistula
- Rectum
- Abscess
- Fistula

### Taken from

### Used literature


- ZEMAN, Miroslav – KRŠKA, Zdeněk. *Speciální chirurgie.* 3. edition. Galén, 2014. 511 pp. ISBN 978-80-7492-128-5.
- ZEMAN, Miroslav – KRŠKA, Zdeněk. *Chirurgická propedeutika.* 34. edition. Grada, 2011. ISBN 978-80-247-3770-6.
- POVÝŠIL, Ctibor – ŠTEINER, Ivo – BARTONÍČEK, Jan. *Speciální patologie.* 2. edition. Galén, 2007. 430 pp. ISBN 978-807262-494-2.