

### Anorectal abscess/fistula

#### Anorectal abscess (def.)

A result of an infection in one of the anal sinuses, collection of pus adjacent to anus

#### Clinical features--abscess

Painful swelling and painful defecation, exam shows tenderness/erythema/swelling. No fever. Deeper abscesses more likely to have fever

#### Treatment--abscess

Surgical drainage, warm-water cleansing, analgesics, stool softener, high-fiber diet (WASH regimen)

#### Anorectal fistula (def.)

An open tract (communication) between two epithelium-lined areas, most commonly associated w/ deeper anorectal abscesses

#### Clinical features--fistula

Anal discharge and pain when tract becomes occluded. Do NOT explore tract on exam, might open up new tracts

#### Treatment--fistula

Surgery

### Appendicitis

#### Definition

Occurs when obstruction of the appendix leads to inflammation and infection

#### Etiology

Fecalith (less common: CMV/adenovirus, collagen vascular dz, IBD)

#### About

Most common abdominal emergency surgery, pts age 10-30

#### Patient sx if perforation-->peritonitis)

High-grade fever, generalized abdominal pain, leukocytosis

### Appendicitis (cont)

#### Clinical Features

Periumbilical/epigastric pain-->localizes to RLQ (McBurney's point) w/in 12 hours, worsened by movement, rebound tenderness on exam, nausea, anorexia, low-grade fever, positive Psoas & Obturator signs

#### Lab Findings

Leukocytosis (10-20,000), microscopic hematuria/pyuria, abdominal CT can confirm dx and locate abnormally-placed appendix

#### Treatment

Surgery (appendectomy) +/- broad-spectrum abx if suspecter perforation (before and after surgery)

### Anal Fissure

#### Definition

Linear lesions in the rectal wall, most commonly on the posterior midline

#### Clinical features

Severe tearing pain on defecation, often with hematochezia (bright red blood often noted on TP or in toilet)

#### Treatment

Bulking agents + increased fluids to avoid straining. Sitz baths to relieve acute pain. Topical nitroglycerin or topical styptic (silver nitrate) to help with healing

### Fecal Impaction

#### Definition

A large mass of hard, retained stool. Usually in the rectum but can also happen higher up in the colon

### Fecal Impaction (cont)

#### Complications

Urinary tract obstruction, UTI, spontaneous perforation of the colon, stercoral ulcer where the mass has pressed on the colon, fecalith formation (can lead to appendicitis)

#### What kind of impaction generally indicates neoplasm?

More proximal impaction

#### Clinical Features

Abdominal pain, rectal discomfort, anorexia, N/V, HA, malaise, ACS, incontinence of small amounts of water and semi-formed stool (as leakages pass by impaction), rock-hard stool in the vault, abdominal mass palpated

#### Treatment

*Manual disimpaction followed by saline/tepid water enema*, proximal disimpaction done by sigmoidoscopic water irrigation and suction

### Pilonidal Disease

#### Pilonidal cyst (def.)

An abscess in the sacrococcygeal cleft associated w/ subsequent sinus tract infection

#### Patient population

M > F, in hirsute and obese pts, <40yo

#### Clinical Presentation

Painful, fluctuant area at the sacrococcygeal cleft

#### Treatment

Surgical drainage +/- antibiotics (may require follicle removal with unroofing of sinus tracts)



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Page 1 of 2.

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### Hemorrhoids

#### Definition

Varices of the hemorrhoidal plexus (normal anatomy)

#### Dentate line

Separates external from internal hemorrhoids

#### External hemorrhoids

Visible perianally

#### Stage I Internal hemorrhoids

Confined to the anal canal, may bleed with defecation

#### Stage II Internal hemorrhoids

Protrude from the anal opening but reduce spontaneously, bleeding and mucoid discharge may occur

#### Stage III Internal hemorrhoids

Require manual reduction after BM, patients may have pain and discomfort

#### Stage IV Internal hemorrhoids

Chronically protruding and risk strangulation

#### Treatment (Stages I and II)

High fiber diet + increased fluids + bulk laxatives

#### Treatment (higher stages)

Suppositories with anesthetic + astringent properties

#### When is surgery considered?

For all Stage IV hemorrhoids and those that are unresponsive to conservative treatment-->injection, rubber band ligation, sclerotherapy



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