

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 suspect 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)



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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