

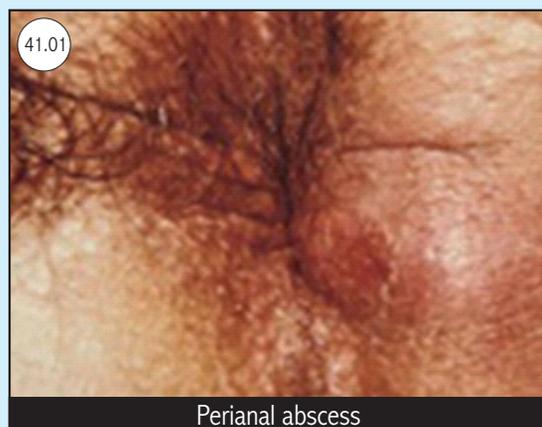
ANORECTAL ABSCESS

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Perianal or anorectal abscess is a localized collection of pus near the anus close under the skin, or deeper adjacent to the rectum. Perianal abscess is a common condition. It is more common in patients with Inflammatory Bowel Disease (in particular Crohn's disease), Diabetes Mellitus and AIDS. Anorectal abscess leads to fistula in-ano formation on discharge to skin or after surgical drainage. It is a very painful condition.

Its exact incidence is unknown. A fistula-in-ano complicates 30-50% of perianal abscesses.



Perianal abscess

Anorectal abscess could be;

- Perianal
- Ischiorectal
- Submucous
- Pelvi-rectal

PERIANAL ABSCESS (MOST COMMON)

It is one of the most common sites for abscess formation in this region. It is present in 60% of the patients. It occurs following suppuration of an anal gland or

thrombosed pile. It is present in the area of subcutaneous part of external sphincter. It is seen in patients of all ages. It is diagnosed easily clinically. It can be treated effectively by incision and drainage.

ISCHIORECTAL ABSCESS (2ND MOST COMMON)

It is the next common abscess in occurrence than perianal abscess. It is seen in 30% of patients. The infection of this area occurs due to lateral extension through external anal sphincter. The infection may spread through lymphatic or haematogenous route. The ischiorectal space filled with fat is vulnerable to infection because of its poor blood supply. The speed of abscess formation is very quick.

The ischiorectal space is connected posteriorly with the opposite side. The abscess can extend to the other side if not treated in time. It may lead to horse shoe abscess formation. It presents with severe constitutional symptoms such as high fever and throbbing pain. It is seen more commonly in men than women.

It is treated surgically through cruciate incision and whole of abscess is drained. If it is associated with internal opening into the anorectum, the treatment of fistula-in-ano is performed.

SUBMUCOUS ABSCESS

It is a less common type of abscess of this area. It is seen in only 5% of patients. It may occur following an injection for the treatment of haemorrhoids. It is easily diagnosed clinically and can easily be treated by incision and drainage of pus.

PELVI-RECTAL ABSCESS

It is collection of pus between pelvic peritoneum and levator ani muscle. It is practically a pelvic abscess. It follows appendicitis, salpingitis, Crohn's disease, diverticulitis and perameteritis. It may follow over enthusiastic use of probes to follow the fistula track as well.

ETIOLOGY

Perianal abscess occurs as a result of a blocked anal gland that subsequently becomes infected. These are more common in patients with Diabetes Mellitus, Crohn's disease, and patients who are immuno compromised for any reason.

CLINICAL FEATURES

- Painful swelling in perianal area
- Inability to sit on chair
- Difficulty in micturition
- Acute retention of urine
- Fever (swinging pyrexia)
- Rigors
- Painful defecation

CLINICAL COURSE

Anorectal abscess is such a painful condition that patient almost always rushes for early treatment. If left alone, the pus is likely to discharge to the skin. It leads to formation of fistula-in-ano in many cases (30-50%). The fistula does not heal spontaneously. Surgical treatment is always required and is successful. Neglected fistulas can result in repeated abscesses and multiple openings.

Abscess that is deeper, involving the upper portion of the anal sphincters (further away from the anus) is more complex and requires specialist treatment to avoid the complication of faecal incontinence if the external sphincter is damaged.

INVESTIGATIONS

No general investigations are required for the diagnosis of the above condition. A full blood count and blood sugar level can be used to screen for an inflammatory disorder or diabetes.



Perianal abscess (MRI scan)

TREATMENT

MEDICAL TREATMENT

It is not useful as no antibiotic can reach the perianal abscess and control the infection.

SURGICAL TREATMENT

It is the only method for effective treatment of ano-rectal abscesses. It can be drained under general anesthesia.

Surgery is undertaken immediately when the patient is fit and ready for anesthesia. One should not wait for abscess to become fluctuating because then it is too late. It should be drained and left open when it is still indurated.

A cruciate incision is made for continuous and un-interrupted drainage. There is little role for antibiotics unless the patient is systemically unwell.

ULTRASOUND GUIDED DRAINAGE

It is a less invasive method of drainage of perianal abscess. It has not become a standard practice yet. Its efficacy and problems are still not clearly known.

REFERENCES

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 3. Norman S. Williams. The anus and anal canal. Bailey and Love's short practice of surgery, 25th edition. Arnold publishers London, 2008. 1263-1265.

SUMMARY

Perianal abscess
Etiology
Clinical features
Clinical course
Investigations
Treatment

POSSIBLE QUESTIONS

1. What is peri-anal abscess?
2. How is it caused?
3. What is its treatment?

