

PROCEDURE: , Colonoscopy.,PREOPERATIVE

DIAGNOSES: , Rectal bleeding and perirectal

abscess.,POSTOPERATIVE DIAGNOSIS: , Perianal

abscess.,MEDICATIONS:, MAC.,DESCRIPTION OF

PROCEDURE: ,The Olympus pediatric variable colonoscope

was introduced through the rectum and advanced carefully

through the colon into the cecum and then through the

ileocecal valve into the terminal ileum. The preparation was

excellent and all surfaces were well seen. The mucosa

throughout the colon and in the terminal ileum was normal,

with no evidence of colitis. Special attention was paid to the

rectum, including retroflexed views of the distal rectum and

the anorectal junction. There was no evidence of either

inflammation or a fistulous opening. The scope was

withdrawn. A careful exam of the anal canal and perianal area

demonstrated a jagged 8-mm opening at the anorectal

junction posteriorly (12 o'clock position). Some purulent

material could be expressed through the opening. There was

no suggestion of significant perianal reservoir of inflamed

tissue or undrained material. Specifically, the posterior wall of

the distal rectum and anal canal were soft and unremarkable.

In addition, scars were noted in the perianal area. The first

was a small dimpled scar, 1 cm from the anal verge in the 11

o'clock position. The second was a dimpled scar about 5 cm

from the anal verge on the left buttock's cheek. There were no

other abnormalities noted. The patient tolerated the procedure

well and was sent to the recovery room.,FINAL

DIAGNOSES:,1. Normal colonoscopy to the terminal ileum.,2.

Opening in the skin at the external anal verge, consistent with drainage from a perianal abscess, with no palpable abscess at this time, and with no evidence of fistulous connection to the bowel lumen.,RECOMMENDATIONS:,1. Continue antibiotics.,2. Followup with Dr. X.,3. If drainage persists, consider surgical drainage.