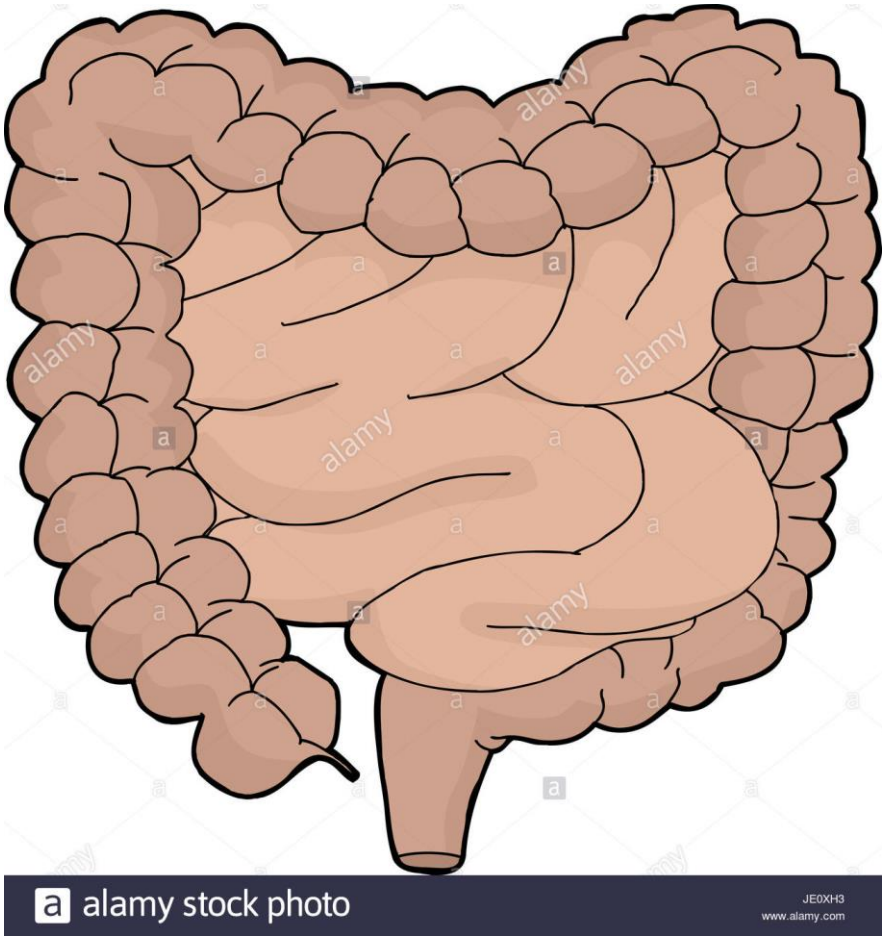
Anal Conditions



Anatomy of the Anus.

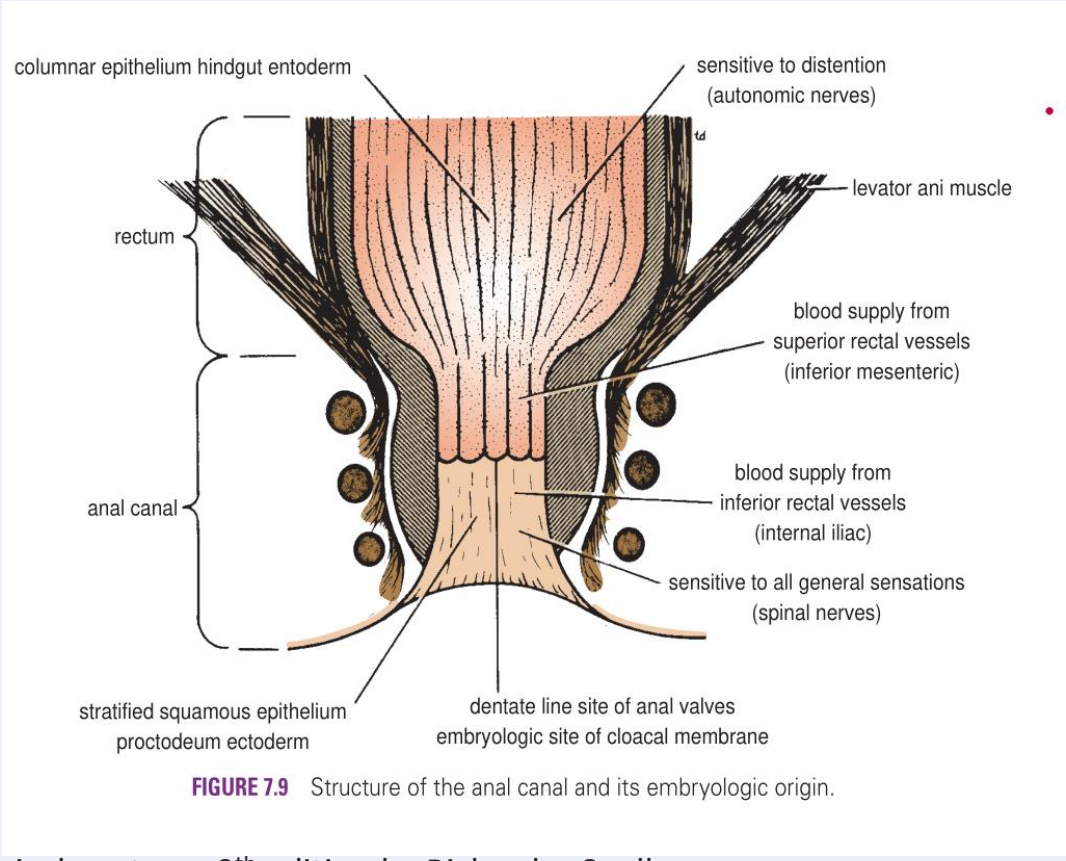


FIGURE 7.9 Structure of the anal canal and its embryologic origin.

Clinical anatomy 9th edition by Richard s. Snell.

The anal canal is about 1.5 in. (4 cm) long and passes downward and backward from the rectal ampulla to the anus.

Anal conditions

1. Lump at anus.
   - Haemorrhoids
   - Rectal Prolapse
2. Pain at anus.
   - Perianal abscess
   - Fissure in another
   - Pilonidal Sinus
3. Discharge.
   - Fistula in ano

Haemorrhoids

Asymptomatic anal cushions especially in the 3,7,11 o'Clock position.

Incidence is high in elderly.

There are two types as primary and secondary ,the primary are common.

Etiology

Two types can categorize according to the aetiology.

Primary –
1. Obesity
2. Constipation
3. Pregnancy

Secondary -
1. CA rectum
2. Portal hypertension

Clinical Features

1. Bleeding Per Rectum.
2. Lump at anus on defecation.
3. Mucous discharge.
4. Anaemia – very rarely.
5. No pain unlecomplicated.

Cannot be palpable on DRE.

Degree of haemorrhoids

- 1st Degree – Bleeding only.
- 2nd Degree – Prolapse, reduspontaneously.
- 3rd Degree – Prolapsed, Manually reduce.
- 4th Degree – Permanently prolapsed.

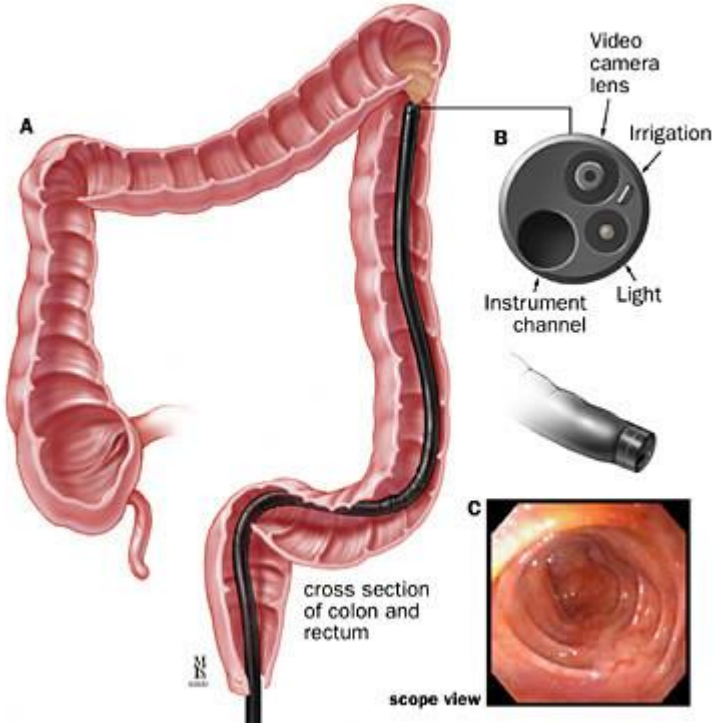
Complications

- Ulcerations
- Gangrene
- Portal pyemia.
- Strangulation and thrombosis.

Investigations

Proctoscopy

Sigmoidoscopy



Treatment

Surgery

1. Haemorrhoidectomy

   For grade 3 & 4 haemorrhoids.
   2nd degree not cured by non operative treatment.

2. Haemorrhoidal artery ligation.

Non- Surgical

1.
- Advice about defecatory habits.
- Stool softeners
- Bulking agents.

2.
- Injection sclerotherapy.
- Banding.

Complications

Haemorrhoidectomy

- Anal stenosis.
- Faecal incontinence.

Perineal Abscess

- More common in males.
- Occur due to cryptoglandular theory.
- Commonly occurs due to infection of anal glands in perianal region.
- Most common organism is E.coli, Others like staphylococcus and Bacteroids.

Clinical features

- Many are associated with Perianal Fistula.
- Severe pain
- Tender, Smooth and soft swelling.
- Fever.
- Can associated with DM, Crohn's disease, Immunosuppression.

Treatment

1. Surgery – Primarily. Need cruciate incision.
2. IV antibiotics.
3. Sit baths.

Fistula in ano

- Chronic abnormal communication.
- Lined by granulation tissue.
- Internal opening to anorectal lumen.
- External opening can be opened to skin of the perineum, Buttocks, Vagina.

Can be Associated

1. Crohn’s disease.
2. TB.
3. Foreign body.
4. Malignancy.

Clinical features.

- Commonly seen in 30-50 years.
- Intermittent purulent discharge.
- Pain – not usually.
- History of incompletely treated Perianal abscess.
- Most of the fistula are on posterior half of anus.

Investigations

1. Examine under anaesthesia.
2. Endo anal USS.
3. MRI – Gold standard.
4. Fistula gram in GA and CT.

(Useful in extraspincteric fistula.)

Treatment

- Fistulotomy.
- Fistulectomy. (Faecal incontinence is a complication.)
- Seton wire insertio.

Fissure in ano

- Longitudinal splits in the anoderm.
- Extends from anal verge to the dentate line.(Not beyond that)
- Male and Female are equally affected.
- Posterior anal fissures are common in male,while anterior are females .

Causes

1. Constipation
2. Repeated passage of diarrhoea.
3. Vaginal delivery.

Clinical features

1. Severe pain.
2. Bleeding
3. Mucous discharge
4. Constipation.
5. Sentinal tag in chronic fissure.

Investigation & Treatment

- Examination under anaesthesia.
- Treatment , initially the conservative management.

1. Stool bulking agents.
2. Stool softeners
3. Chemical agents / local applications.(Lignocaine, GTN)

Contd.

- Surgery.

1. Lateral spincterotomy.
2. Anal advancement flap.

Pilonidal sinus

- One or more midline openings in the natal cleft, overlying coccyx.
- Contains hair.
- It is an occupational disease – Hair dressers.
- Can occur in axilla and umbilicus.
- Common age 20-29 years.

Clinical features

1. Intermittent pain.
2. Swelling
3. Discharge.

- Common among males.
- Recurrence is common.

Treatment

1. Conservative – simple cleaning of the tract, shaving.
2. Incision and drainage if Abscess.
3. Surgery.

Thank you