Journal of Cardiovascular Disease Research

ISSN: 0975-3583, 0976-2833 VOL12, ISSUE07, 2021

CLINICAL PRESENTATION OF ANORECTAL SEPSIS

DR SUSHIL CHANDRAN
ASSOCIATE PROFESSOR, CHETTINAD MEDICAL COLLEGE & HOSPITAL
CORRESPONDING AUTHOR: DR SUSHIL CHANDRAN, Sushil.dr@gmail.Com

INTRODUCTION

Acute Anorectal sepsis is a common general surgical emergency. Simple perianal & ischiorectal abscesses are assessed and treated in the emergency department.

Drainage alone can be performed as an outpatient procedure where there is a 15-47% incidence of recurrent abscess and subsequent fistula –in-ano. Drainage with fistulotomy can also be performed as the initial modality of treatment.

Early drainage is important as the anorectal abscesses may be complicated by necrotising fascitis.

Anorectal abscess can also be a manifestation of an underlying colorectal disease such as Crohn's disease, Ulcerative colitis and neoplasms of the rectum or may complicate trauma or specific infections. Anorectal sepsis is more prevalent if host defence mechanisms are impaired, as in AIDS, malignant disease, diabetes mellitus and blood dyscrasias or as a result of drug therapy

AIM

TO study the following patterns of the disease in patients admitted with a dignosis of anorectal abscess:

A. Epidemiology of the disease
B. Aetiology and risk factors for the disease
C. Presentation of various types of anorectal abscesses
D. Common types of anorectal abscesses

MATERIAL AND METHODS

All the patients with clinical features of anorectal abscess were admitted for the study.

A thorough and detailed history was taken to delineate the possible aetiologies and the associated systemic or local disease. The patients were then evaluated with blood sugar, basic renal function tests, X ray chest and ECG. Complete and meticulous physical examination was done to evaluate any aetiological factors, associated systemic or local cause, clinical features and complications.

RESULTS

The sex incidence of the study showed majority of our patients with anorectal sepsis were male. The ratio was 8:1 is favour of males.

The peak incidence in males was in the age group 31-40 years with about 80% patients belonging to 21-50 years of age. Females has peak incidence in 21-30 years and all the patients were between 21-50 years of age.

The incidence of anorectal sepsis depicts a seasonal variation with a significantly higher incidence in summer (June- September). About 42% of the total cases presented during the above months.

Site of anorectal abscesses:

The distribution of anorectal abscess in the study is as follows:

Perianal abscess : 52%, Ischiorectal abscess : 41%, Submucous abscess : 7%, Left sided abscesses were in general more common than the right; 63% vs. 37%. About 93% had their abscesses laterally placed in relation to the anal canal 7% had their abscess posteriorly placed.

Presentation of various types of anorectal abscesses:

ISSN: 0975-3583, 0976-2833 VOL12, ISSUE07, 2021

Perianal abscess:
Pain was the prominent feature in all cases of perianal abscess. Difficulty in sitting and walking were other prominent features. Fever and constitutional symptoms were present only in a minority of patients.
Ischiorectal abscess:
Fever, pain and constitutional symptoms were the most presenting features. The swellings were diffuse and less well marked then perianal abscesses.
Submucous abscess:
Pus discharge through the anus and painful defaecation were the predominant complaints. Perineal pain and fever was also seen in some patients.

DISCUSSION

The results of the study reflect the pattern of anorectal abscesses treated in our hospital.
The anorectal abscesses showed a very definite male predilection, as with other studies. The highest incidence was found in the age group 31-40 years similar to other studies. The increased incidence in elderly patients was not seen here.
Similar to other studies, there was a significantly higher incidence during the summer season.
Perianal abscess was the most common anorectal abscess; which was the case in most other studies, followed by ischiorectal and submucosal abscess. Left sided and laterally placed abscesses were more common.
Diabetes mellitus was the most common underlying disease whereas the Crohn's disease and Ulcerative colitis were not encountered as a cause of anorectal sepsis. Tuberculosis and AIDS were also found to be an underlying disorder in some patients.

The mean healing time was 4 weeks which was similar to other studies. The healing time was much better if the patient had no underlying disease and his general condition was good.
The incidence of internal opening in the west in patients having drainage of anorectal abscess was 15%-66%, whereas only 12% of our patients developed fistula on follow up. This could be explained as the lower incidence of secondary anorectal abscess and also the poor follow up.
Perianal abscess had a increased incidence of fistula than the ischiorectal abscess.
The incidence of recurrent abscess was equal after drainage of perianal and ischiorectal abscesses. The reported incidence of recurrent ischiorectal abscess in the west was more than the perianal abscess.
Gut specific organisms were a common cause of anorectal abscess than the Staphylococcus. The former signified an increased incidence of fistula in ano. The incidence of fistula was low if staphylococcus was isolated.

CONCLUSION:

Anorectal abscess occurred most commonly in the second and third decades of life. Overwhelming majority of our patients were males. A significantly higher incidence of anorectal abscesses were seen in summer. Proper diabetic control and good personal hygiene may decrease the incidence of secondary anorectal abscess and the skin origin of the disease. Perianal and ischiorectal abscess were the most common types encountered

ISSN: 0975-3583, 0976-2833 VOL12, ISSUE07, 2021

REFERENCES :

1. Abcarian H (1976) acute suppurations of the anorectum. In Nyhns LM (ed) Surgery Annual, vo.8, p.305 New York: Appleton – Century- Crofts.
2. Abcarian H & Eftaiha M (1983) Floating free-standing anus: a complication of massive anorectal infection. Dis Colon Rect 26: 516-521.
3. Abercrombie JF & George BD (1992) Perianal abscess in children. Ann R Coll Surg Engl 74: 385-386.
4. Bailey and Love's short practice of surgery; 24th edition P.1242; Arnold.
5. Buchan R & Grace RH (1973) Anorectal suppuration; the results of treatment and the factors influencing the recurrence rate. Br J Surg 60:537-540.
6. Chrabot CM, Prasad ML & Abcarian H (1983) Recurrent anorectal abscesses. dis Colon Rectum 26:105-108.
7. Eisenhammer S (1956) The internal anal sphincter and the anorectal abscess. Surg Gynecol Obstet 103:501-506..