
Anorectal suppurations (abscess&fistula)

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- 106 -STJ1mARYAnorectal Suppurations(abscess and Fistula).!rill the present time anorectal suppurationshas always been a commoncondition encountered asan -emergency in surgical practic. It represents abouf40 % of all surgical load in out patient departm'~ntand about 27%in inpatient department. To understandthe anorectal suppurations we must knowthe anat.,myof ancrectal region which consists of the anal cerna'Land the rectum with the enorectal ring in betwllen.The most important points in the anotomywe mustrememberthem are :1. The mucousmembraneof the upper part of the analcanal form 8 to 14 anal columns (Columnsof Morgemi).and there are six to ten anal intermuscular glandfleach gland discharging into anal crypt •2. The anal Canal Consists of atriple collered mUl;iculartUbe. frominside it is lined by the internalsphincter • The central portion- is occupied by the- 107 -conjoint longitudinal muscle. and the outermost layeris formed by the external sphincter which consists ofthree parts. Eissenhammer(1956)•.). There are tissue spaces between and in relatio;:j, tothese structures.As the pathogenesis of anorectal abscess amlfistula is the same. Most authors were agreed that thefirst step in pathogenesis of anal abscess or FistUla is the formation of an intersphincteric abscess. ButShafik (1978) believed that the first step in thfltpathogenesis is the formation of a central abscef:s.E. Coli and Staph.aureus are considered to be the mostconunonorganisms cultured from the pus of anorectalsuppurations.There are many classifications to the anorectalabscesses and fistulae. Some depends upon the Siteof origin of abscess in different tissue spaces. andothers depends upon the relation of the abscess 0:["fistula to the mUSCULatureof the anorectal regio:n.-----~-----._'~- loa -Whatever the nameof ~orecta1 abscess or Fistula,we must deal with it rapidly (usually surgical) .•The anorectal abscess should be drained as soonas diagnosed under general anaesthesia • and therE~arefour classical main operations have been used fc,r""thetreatment of anal fistula. they are :j.) Laying open the fistula and allowing the wOUldtoheal by granulation •2) Laying open the fistula, excisLon of the fistuloustrack and primary suture.3) Laying open the fistUla followed by immediate skingrafting.4. Conservative operation procedure based on theacceptance of anal glandular infection as the primecauses of fistula-in-ano Goligher (1980).Also the postoperative care of the woundisconsidered very important in decreasing the recu:t"rencerate of anorectal abscess and fistula •