Perianal Problems

Haemorrhoids
Definition: assoc with congestion sup haemorrhoidal venous plexus; due to straining/high sphincter tone
External vs internal
Positions: R ant, R post, L lat
Degrees: 1st (no prolapse); 2nd (prolapse on strain); 3rd (persistent prolapsed); 4th (irreducible)
Symptoms: Bleeding, pruritus
Complications: haemorrhage, thrombosis, perianal irritation
Ix: indications for colonoscopy: Fe def anaemia, +ive FOB, >40yrs with FH bowel Ca, >50yrs
Management: reduce prolapse, warm baths, topical analgesia/steroid, stool softeners
Injection for 1st and 2nd deg haemorrhage control (complications – pain, ulceration, intra-mucosal injection, haemorrhage from sup haemorrhoidal artery, abscess)
Indications for OT: 3rd deg; 2nd deg when prolapse is major problem or failed sclerotherapy; strangulation

Perianal haematoma (external haemorrhoid)
Definition: acute rupture of tributary of inf haemorrhoidal plexus under perianal skin
Management: analgesia, ice, LA; usually resolve within 1/52; may need cruciate I+D

Anal fissure
Definition: triangular tear at anal verge after passage of hard stool; originate in skin, rarely extend to valves
Position: post
Acute: painful, superficial; Chronic: deep
Sx: pain on defecation, small amounts of bright red bleeding, constipation
Management: LA ointment; GTN ointment; sphincterotomy or anal stretch for chronic

Perianal abscess
Cause: Staph, E coli, Proteus; from anal fissure, perianal haematoma, hair follicle, anal gland
RF: UC, CD, DM, Ca
Types: perianal (most common; superficial to anal margin)
ischiorectal (between anus and sphincters medially, and obturator internus laterally)
submucous/intersphincteric
pelvirectal / supralevator (above levator ani, below pelvic peritoneum)
Sx: pain, fever, discharge
Management: I+D under GA; may need Abx if RHD, DM, immunoC, prosthetic device

Anal fistula
Definition: abnormal connection between anus and skin; occurs in 50% abscesses
Management: I+D

Pilonidal abscess
Definition: localised infection in natal cleft; usually due to ingrowing hairs
Management: analgesia, Abx, excision

Rectal Prolapse
Seen in young and elderly (bimodal)
Red, protruding mass from the rectum; Faecal incontinence; Bloody discharge
Management: Manual reduction, surgical consultation