

Hemorrhoids, Fissures, Fistulas, and Abscesses

These are all common anorectal conditions, and while they can share some symptoms, they are distinct in terms of their underlying causes and management. Let's break them down.

1. Hemorrhoids

Symptoms:

- Painless rectal bleeding (most common), often seen as bright red blood on toilet paper
- Anal itching or irritation around the anus.
- Pain: This can occur, especially with external hemorrhoids or when thrombosed.
- Prolapse
- Mucus discharge

Diagnosis:

- Clinical diagnosis: Based on patient history and physical examination.
- Anoscopy or proctoscopy: To visualize internal hemorrhoids directly.
- Colonoscopy/Sigmoidoscopy

Investigation:

- If hemorrhoids are suspected to be the cause of bleeding, no further investigation is needed if the diagnosis is clear and the patient is not older than 50 years.
- Colonoscopy/Sigmoidoscopy

Management:

- Conservative management
 - Dietary changes
 - Topical treatments



- Warm sitz baths
- Stool softeners
- Procedural interventions
 - Rubber band ligation
 - Sclerotherapy
 - Infrared coagulation (IRC)
 - Laser hemorrhoidectomy
 - Hemorrhoidectomy: Surgical removal of the hemorrhoids, usually for large, prolapsed, or thrombosed hemorrhoids that do not respond to other treatments.

2. Anal Fissures

Symptoms

- Severe pain during and after bowel movements (typically described as a sharp, burning pain).
- Bright red rectal bleeding (often seen on toilet paper or in the toilet bowl, usually after passing hard stools).
- Itching around the anus.
- Visible tear or crack in the skin around the anus (especially with chronic fissures).

Diagnosis

- Clinical diagnosis: Based on symptoms and direct visual inspection of the anal canal.
- Digital rectal examination (DRE): May reveal the fissure, but care must be taken to avoid further pain or injury.
- Anoscopy: May be used to visualize the fissure if not easily seen on examination.

Investigation

- Anorectal manometry: Can be performed if there is suspicion of underlying sphincter dysfunction.
- Colonoscopy: If the fissure is recurrent or if other causes of rectal bleeding need to be ruled out, such as inflammatory bowel disease (IBD) or colorectal cancer.

Management:

- Conservative treatment (for acute fissures):
 - Stool softeners
 - Dietary fiber
 - Topical treatments
- Surgical Intervention:
 - Botulinum toxin (Botox) injection: To relax the anal sphincter and promote healing in chronic fissures.
 - Laser Sphincterotomy & lateral anal sphincterotomy (LAS)
 - Surgical repair.

3. Anal Fistulas

Symptoms

- Persistent anal discharge
- Pain
- Itching.
- Recurrent abscesses

Diagnosis:

- Clinical examination
- Fistulogram or MRI



- Endoanal ultrasound

Investigation:

- MRI
- Fistulography

Management:

- Conservative treatment

Surgical intervention:

- Fistulotomy
- Seton placement
- Fistula plug
- Advancement flap

4. Perianal Abscess

Symptoms

- Severe pain in the perianal region, often sudden in onset and worsening with sitting or defecation.
- Swelling or a lump near the anus.
- Redness and warmth over the area, indicating infection.
- Fever and malaise in severe cases.
- Drainage of pus if the abscess ruptures.

Diagnosis

- Clinical examination: Often, the abscess is visible as a tender, erythematous, swollen area near the anus.
- Digital rectal examination (DRE): To assess for deeper abscesses and tenderness.



- Ultrasound: May be used to evaluate the size and location of the abscess, particularly if deep or difficult to palpate.

Investigation

- No extensive imaging is typically needed unless there is suspicion of a complex or deep abscess (e.g., in the ischiorectal or perineal space).
- Culture and sensitivity: Pus from the abscess may be cultured if there is concern for resistant organisms.

Management:

- Drainage (I & D)
- Antibiotics
- Pain management
- Follow-up care

HARGiS