Anorectal abscesses

Classification

There are four main varieties: perianal, ischiorectal, submucous and pelvirectal.

Perianal (60 per cent)

This usually occurs as the result of suppuration in an anal gland, which spreads superficially to lie in the region of the subcutaneous portion of the external sphincter.

It may also occur as a result of a thrombosed external pile. If the haematoma is not evacuated, it may become infected anda perianal abscess results. This is the most common abscess of the region. The constitutional symptoms and the pain are less pronounced than in the ischiorectal abscess because the pus can expand the walls of this part of the intermuscular space comparatively easily. Early diagnosis is made by inspecting the anal margin, when an acutely tender, rounded, cystic lump about the size of a cherry is seen and felt at the anal verge below the dentate line.

Treatment

Evacuating the pus(drainage)

Operation

Thorough drainage is achieved by making a cruciate incision over the abscess and excising the skin edges this completely removes the ‘roof’ of the abscess.

Ischiorectal abscess (30 per cent)

Commonly, this is due to an extension laterally through the external sphincter of a low intermuscular anal abscess. The fat, which fills the ischiorectal fossa, is particularly vulnerable because it is poorly vascularised; consequently it is not long before the whole space becomes involved. The ischiorectal fossa communicates with that of the opposite side via the postsphincteric space, and if an ischiorectal abscess is not evacuated early, involvement of the contralateral fossa is not uncommon. Should an internal opening into the anal canal ensue, a ‘horseshoe’ abscess develops enveloping the whole of the posterior part of the circumference of the anal canal (cf. horseshoe fistula).

An ischiorectal abscess gives rise to a tender, brawny induration palpable on the corresponding side of the anal canal and the floor of the fossa. Constitutional symptoms are severe, the temperature often rising to 38—39C. Men are affected more often than women.

Treatment

Operation should be undertaken early — as soon as it is certain that an abscess is present in this area — remembering that antibiotic therapy often masks the general signs.

Submucous abscess

Submucous abscess (5 per cent) occurs above the dentate line . When it occurs after the injection of haemorrhoids, it always resolves. Otherwise, it can be opened with sinus forceps when adequately displayed by a proctoscope.

Pelvirectal abscess

Pelvirectal abscess is situated between the upper surface of the levator ani and the pelvic penitoneum. It is nothing more or less than a pelvic abscess and, as

such, is usually secondary to appendicitis, salpingitis, diverticulitis or parametritis. Abdominal Crohn's disease is an important cause of pelvic disease that can present as perianal sepsis (fistula in ano). A relevant point to remember is that, rarely, a supralevator abscess/fistula may be due to overenthusiastic attempts to drain an ischiorectal abscess or to display a fistula, when a probe is forced through the levator ani/rectal wall from below.

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