COMPLICATIONS OF PERIANAL ABSCESSES AND THOSE OF THEIR MANAGEMENT

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Introduction

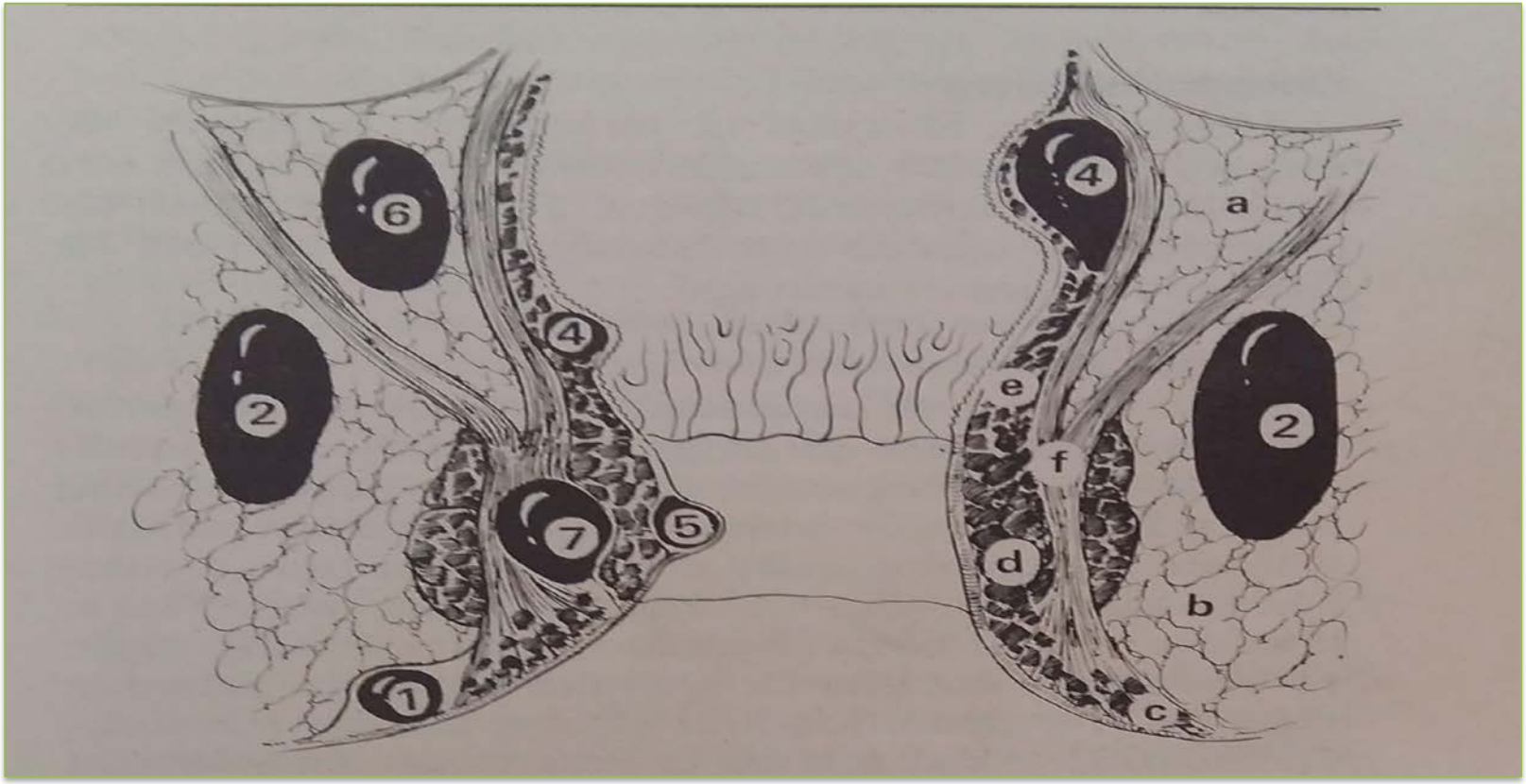
- Perianal abscess remains a common surgical problem
- Incidence is high in males than females.
- HIV may increase the incidence and the complications rate.

Aetiology

- **Trauma**
  - penetrating
  - Local trauma (Abrasions)
- **Local Infection**
  - Hair follicle
  - Haemorrhoids
  - Fissure
  - Postoperative (Sphincterotomy)

Aetiology Cont.

- **Cruptoglandular Theory**



1).Perianal, 2) Ischiorectal, 3) Retrorectal –Behind rectum, 4) Submucus, 5) Marginal, 6) Supralevator, 7) Intersphincteric

- **Other diseases (Chron”s disease)**

Management of Perianal abscesses

- Incision and Drainage is the gold standard of management
  - Criss cross incision over an area of maximal fluctuation
  - Break all loculations
  - Packing/ no packing : No difference
  - Antibiotics only for certain situations
  - Post operative sitz bath
  - Dressings/ no dressings

Complications

Preoperative Complications

- **Rupture with subsequent recurrences or fistula formation**
- **Necrotising fasciitis**
  - Common in immune compromised elderly patients (50 years and older). Incidence reported at 0.40 in 100 000 populations. Male to female ratio of 3:1.
  - Upward spread of infection along skin , subcutaneous tissue , fascia and rarely muscles
  - Diagnosis requires a high index of suspicion
  - Rapid spread, tissues necrosis, excessive pain, no classical signs of inflammation should alert to this possibility..
  - This is a life threatening complication.

Management of Necrotising Fasciitis

- Resuscitate the patient
- Antibiotics: Broad spectrum
- Surgery: Aggressive debridement done early and repeatedly with faecal and urinary diversion.
- Hyperbaric oxygen: shown to help but not a substitute for surgery
- Prognosis: Depends on severity. Mortality can be as high as 70% in diabetic patients.

Post Operative Complications

Immediate

- Bleeding : Rare, but if it does occur simple packing is adequate
- Inadequate drainage:
- Missed abscesses: In case of horse shoe abscess or submucus abscess

Post Operative Complications Cont.

- **Late complications**
  - Recurrent abscesses/ fistula:
  - Remains a common complication.
  - Occurs in crypto glandular abscesses.
  - Incidence varies from 26% to 38%

Management

Preventative Strategies for Recurrences / Fistulas

- Antibiotics with incision and drainage (No evidence to support that this may reduce recurrences)
- Combination of medical therapy for Chrons diseases and prolonged seton use
- Fistulotomy at same time with incision and drainage
- Pus swab during incision and drainage and Fistulotomy in same hospital admission if GIT bacteria are cultured

Journal References

❖ **Dis Colon Rectum. 2011 Aug;54(8)923-9**

Does adjuvant antibiotics treatment after drainage of anorectal abscess prevent development of anal fistula? A randomised placebo-controlled, double blind, multicenter study

❖ ***Updates Surg. 2013 Sep;65(3):207-11***

Acute abscess with fistula: long-term results justify drainage and Fistulotomy.

❖ ***Colorectal Dis. 2011 jun; 13(6): 703-7***

Treatment of Perianal sepsis and long term outcome of recurrence and continence.

❖ ***Dis colon Rectum. 1997 dec;40(12)1435-8***

Randomised controlled trial of primary Fistulotomy with drainage alone for Perianal abscesses

Management of fistulas

Define Anatomy? Classification (Parks Classification)

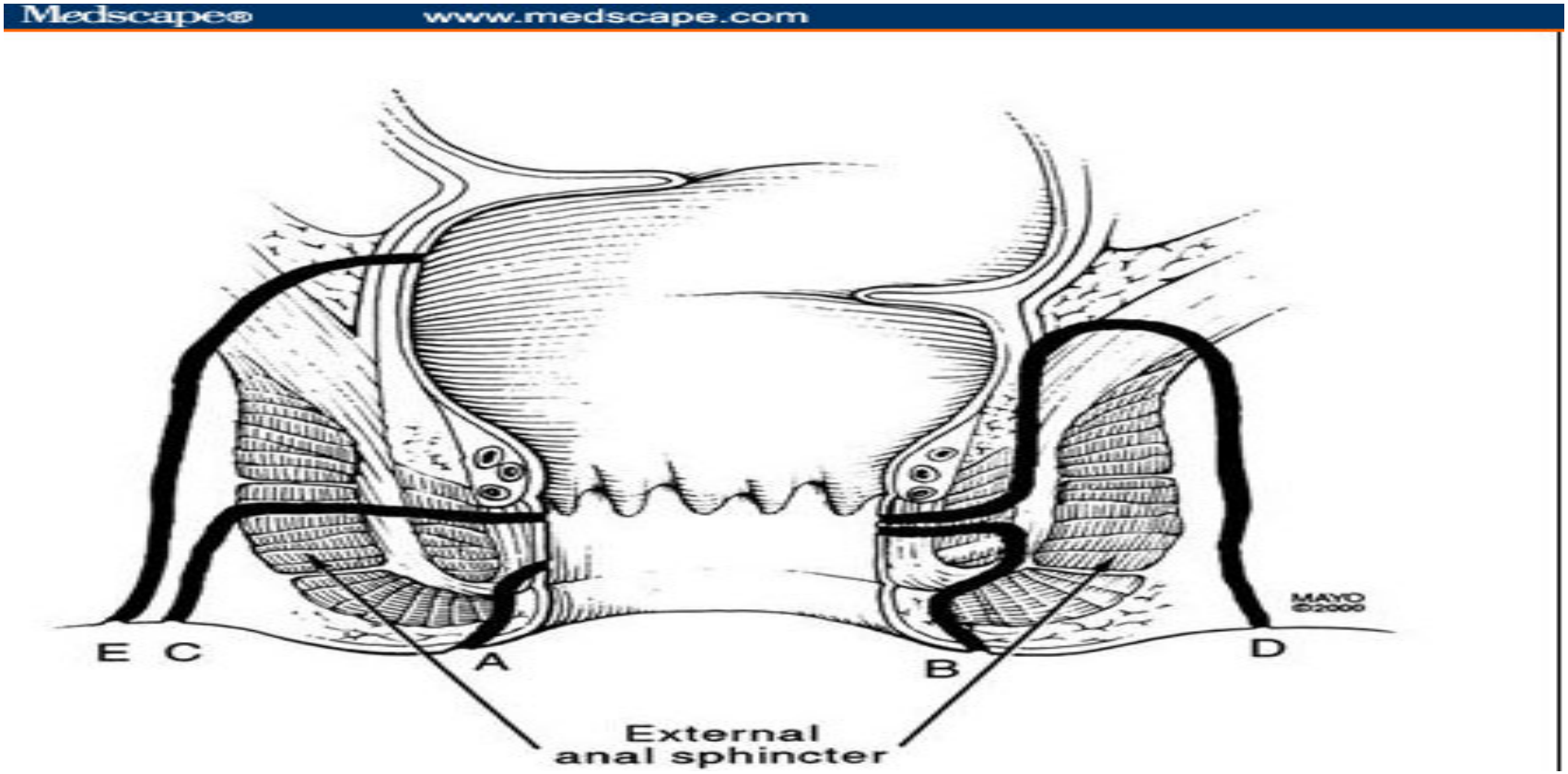


Diagram showing types of fistulas

A.) Superficial **B.)** Intersphincteric **C.)** Transsphinceteric **D.)** Suprasphincteric
E) Extrasphincteric

Surgical options for fistula management

- Fistulectomy: simple, intersphincteric
- Fistula plug (collagen plus) Less success rate
- Fibrin glue : recurrence high, Procedure can be repeated
- Seton: Transsphincteric, Suprasphincteric
- Flap advancement
- Colostomy: In chron's disease this may reduce stream thereby allow fistula to heal
- Ligation of Intersphincteric Fistula Tract(LIFT)

Complications Cont.

- **Incontinence**
  - Incontinence following treatment of Perianal abscesses is rare.

Incidence Increases With:

  - Repeated drainage for recurrences
  - Fistulectomy done same time as drainage(very few cases and usually temporary)
  - Patients with necrotising fasciitis undergoing multiple debridement or sphincter muscles involved
  - Chrons Perianal Disease

- **Scarring with stenosis**
  - This might complicates large incision areas or after repeated drainage procedures.

Experience at Kalafong Hospital

- Between September 2013 and June 2015, 124 Perianal abscesses were drained.
- There were 30 Females and 94 Males.
- Age ranged between 13 to 87 years.
- 2 Patients presented with necrotising fasciitis requiring repeated debridement.
- 15 Patients (12%) presented later with Perianal fistulas for fistula procedures.
- There were no other complications in this group of patients.

Conclusion

- Perianal abscess are common surgical problem.
- Aetiology is important as different aetiology may lead to different complications.
- Serious complications are rare but should be recognised as they can lead to serious morbidity and even mortality.
- Adequate incision and drainage is the only treatment
- Fistulotomy at same sitting should be done in carefully selected patients.

THANK YOU