



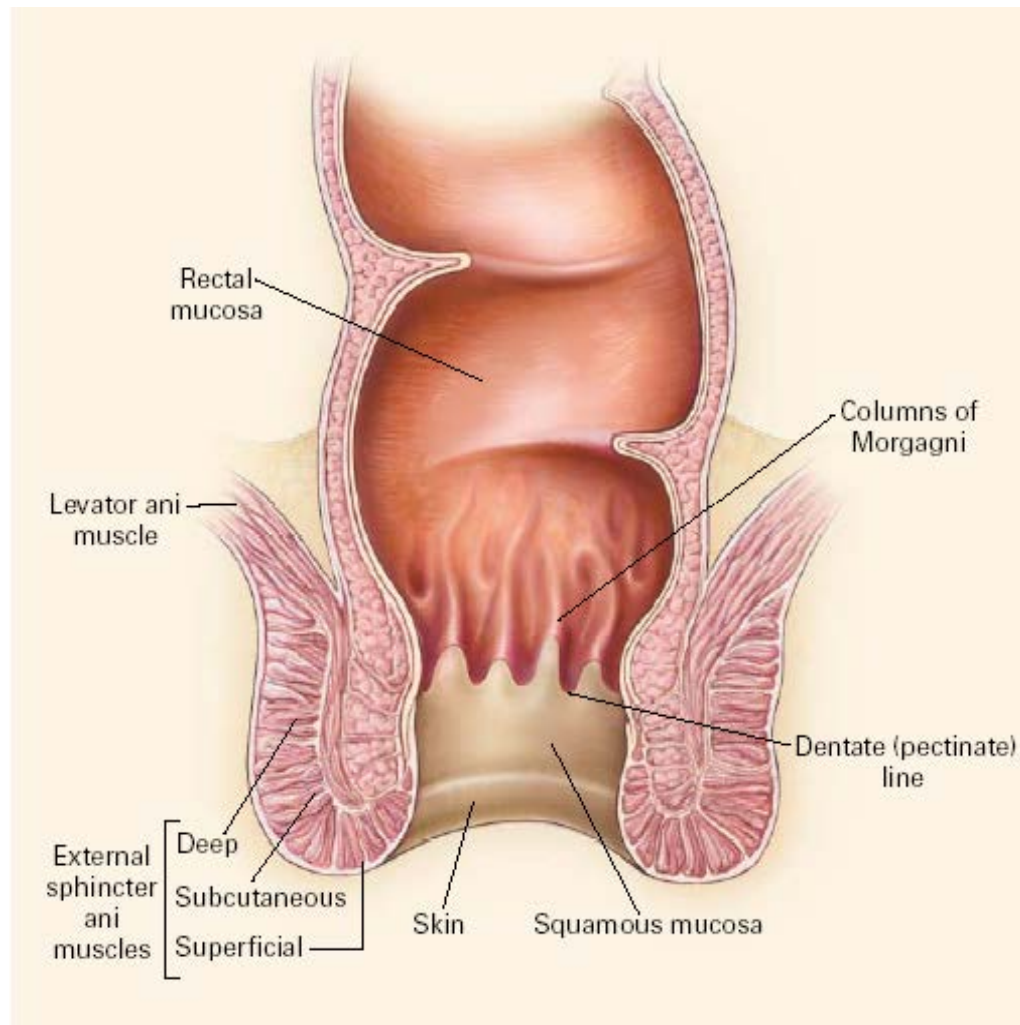
Anorectum 101

Ken Ho

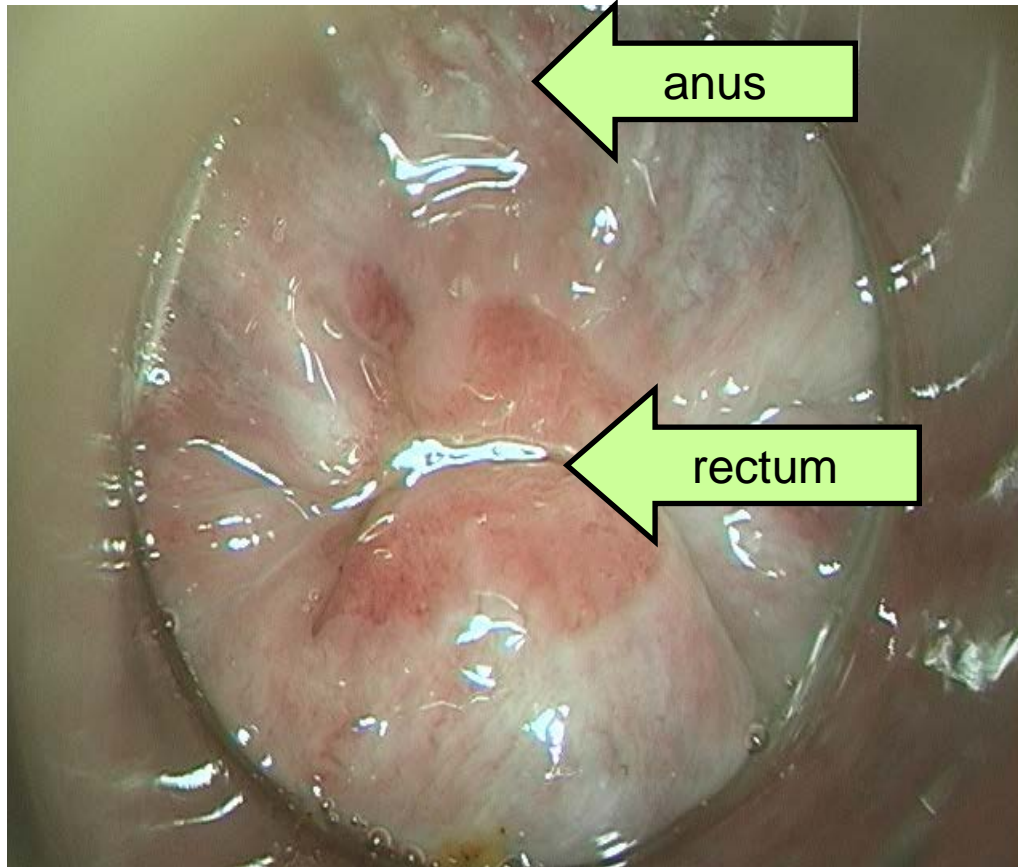
Safety Physician



The Anorectum



Anorectal Transition Zone



Skin Tags

- ❑ Redundant perianal skin often mistaken for hemorrhoids, warts
- ❑ Benign
- ❑ Often asymptomatic
- ❑ Treatment conservative



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Fissure

- Linear tear in the mucosa, may be traumatic
- Clinical Presentation: extreme pain with defecation, bleeding
- Intensity of the pain out of proportion to the size of the lesion
- Treatment: Sitz baths, stool softeners, surgery (last resort)



Abscess

- Clinical Presentation: perianal pain, fluctuant nodule, discharge, fever
- Common organisms:
 - E. coli,
 - Staphylococcus aureus
 - Streptococcus species
 - Bacteroides species,
- Perianal site most common
- Treatment: drainage (surgical), antibiotics



Fistula

- Secondary communication between the anal canal and skin, granulomatous tract
- Inflammatory bowel disease, abscess complication
- Presentation: similar to abscess, fistula tract
- Treatment: drainage of abscess, seton stitch, fistulotomy, conservative treatment if asymptomatic



Hemorrhoids

- Dilated vessels associated with constipation, straining, prolonged sitting on toilet leading to pooling of blood.
- Clinical Presentation: itching, irritation, mass sensation, pain (if thrombosed)
- Treatment: conservative (Sitz baths, stool softeners, exercise, diet change, OTC creams), banding, surgery



Anal Ulcers

- Breakdown in skin
- Differential
 - HSV (common)
 - LGV
 - Syphilis
 - Malignancy
 - Traumatic



Syphilis

- Chancre – primary syphilis
- Firm, well demarcated ulcer
- Classically painless (but can be painful if superinfected with HSV)
- Appears 2-6 weeks post infection
- Dx: RPR, syphilis serology (RPR less sensitive in primary syphilis)
- Rx: Benzathine Penicillin

Herpes Simplex

- HSV common cause of painful anal ulcers
- Anal pain, burning, itching, bleeding
- HSV-2 (& HSV-1)
- Diagnosis: PCR, viral culture
- Treatment: acyclovir, valacyclovir



Anal warts

- Human papillomavirus
- 40 anogenital types
 - 6 and 11 most commonly cause warts
- Presentations
 - Mass
 - Itch
 - Bleeding
- Rx
 - Cryotherapy
 - Podofilotoxin/imiquimod
 - Surgery



Rectal Gonorrhoea/Chlamydia

- Neisseria gonorrhoea and Chlamydia trachomatis
- Presentation: often asymptomatic, anal pain, tenesmus, fever, anal discharge, proctitis.
- Diagnosis: rectal NAAT
- Treatment: antibiotics
 - GC: Per local standard
 - Chlamydia: Azithromycin 1g po





Thank You!