

Project: Ghana Emergency Medicine Collaborative

Document Title: Emergency Management of Ano-Rectal Disorders

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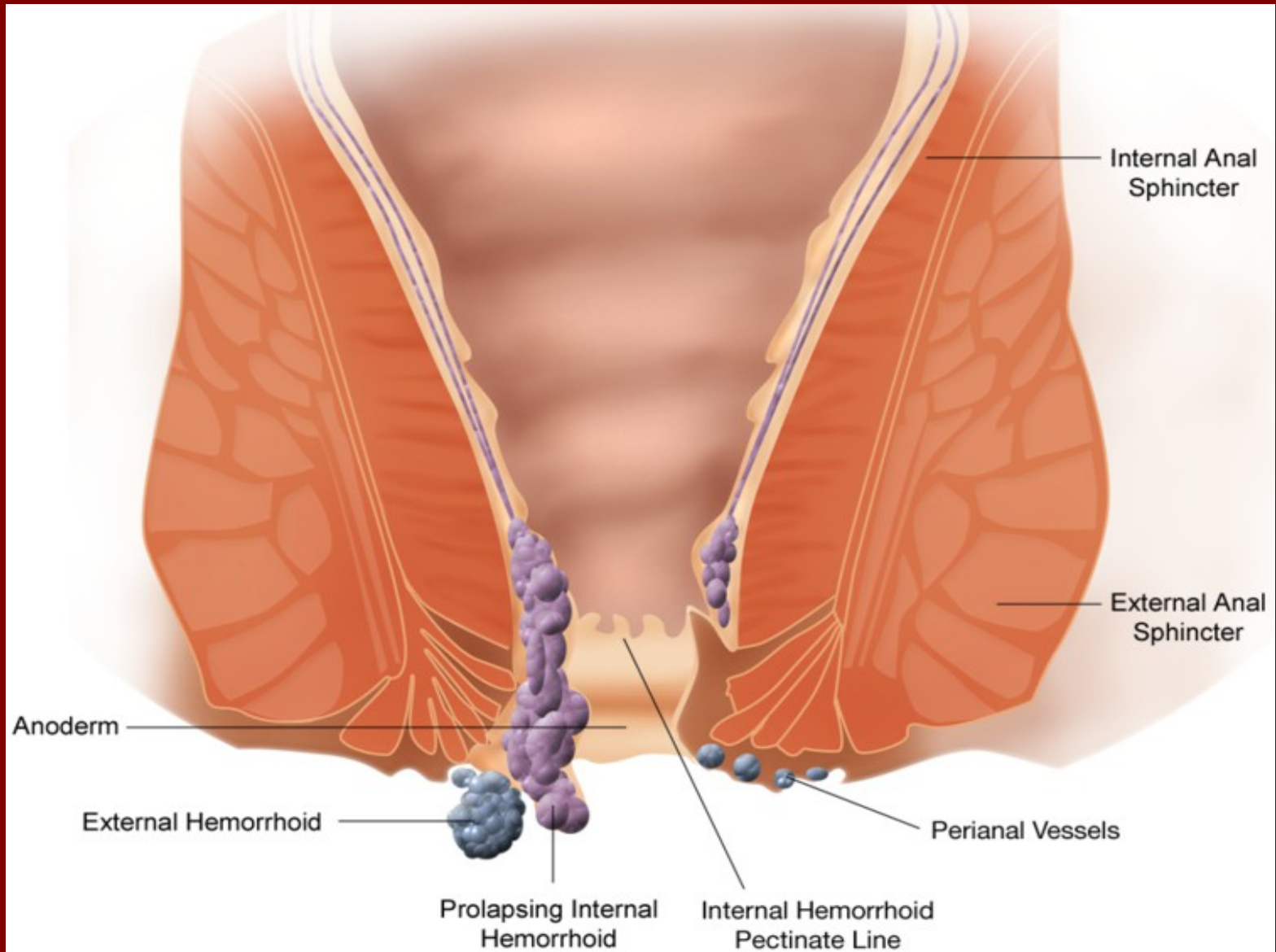
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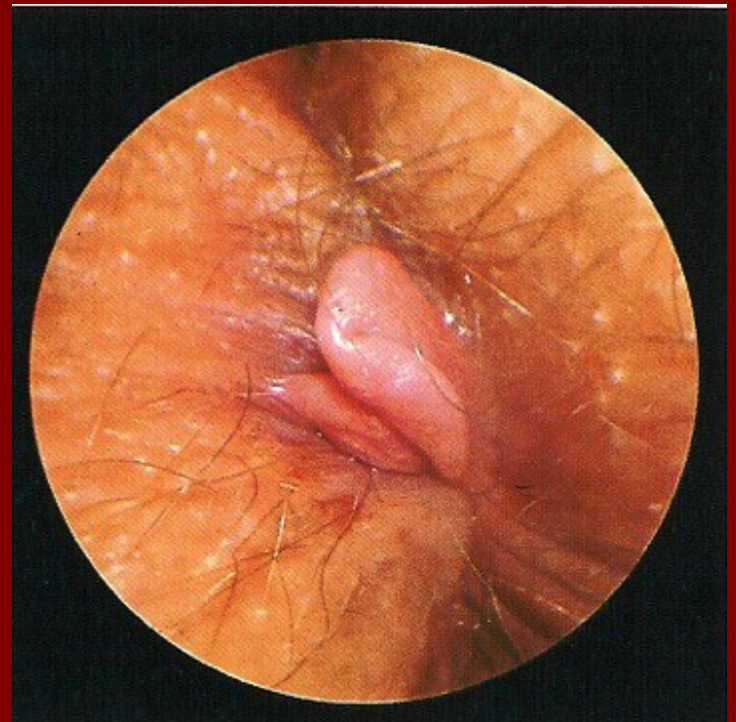


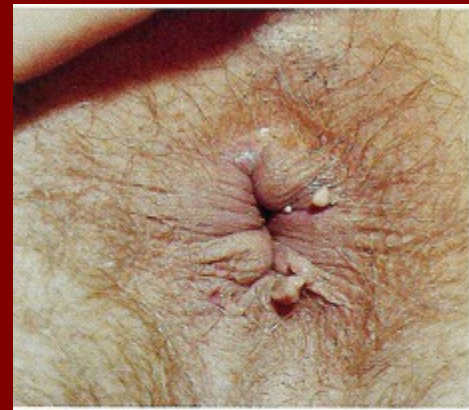
Hemorrhoids

- Symptoms – itching, pain, bleeding, protrusion
- External hemorrhoids – asymptomatic unless thrombosed
- Internal hemorrhoids –
 - Bleeding – typically bright red on stool – but not mixed in stool
 - Protrusion – soiling / mucus discharge incarcerated/strangulated

Hemorrhoids

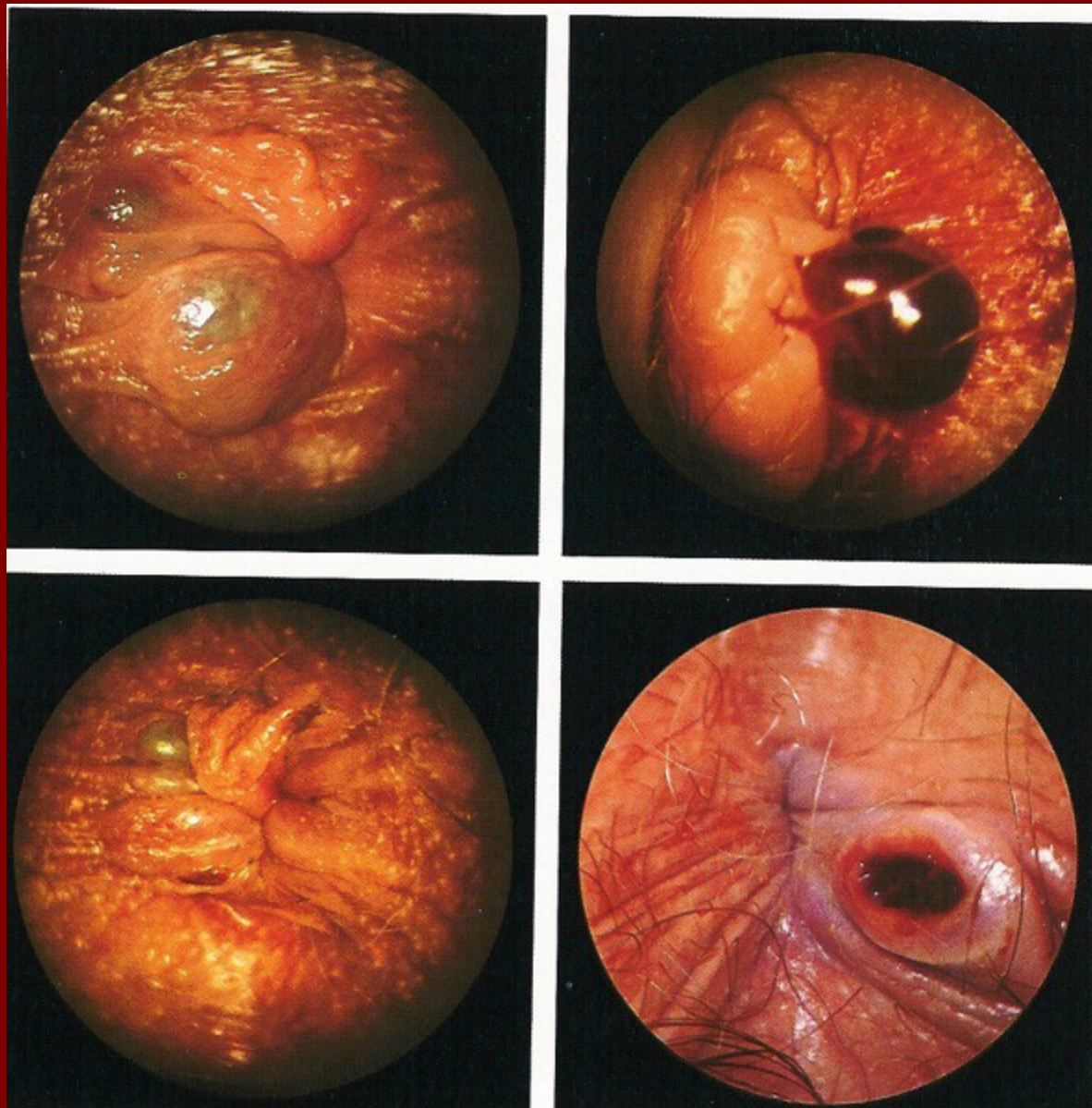
- Pathogenesis
 - Inadequate dietary fiber
 - Prolonged sitting on comode
 - Chronic straining
 - Prolonged sitting (occupational)
 - Medical conditions causing increased venous pressure
 - Pregnancy, ascites, pelvic tumor





Thrombosed Hemorrhoids

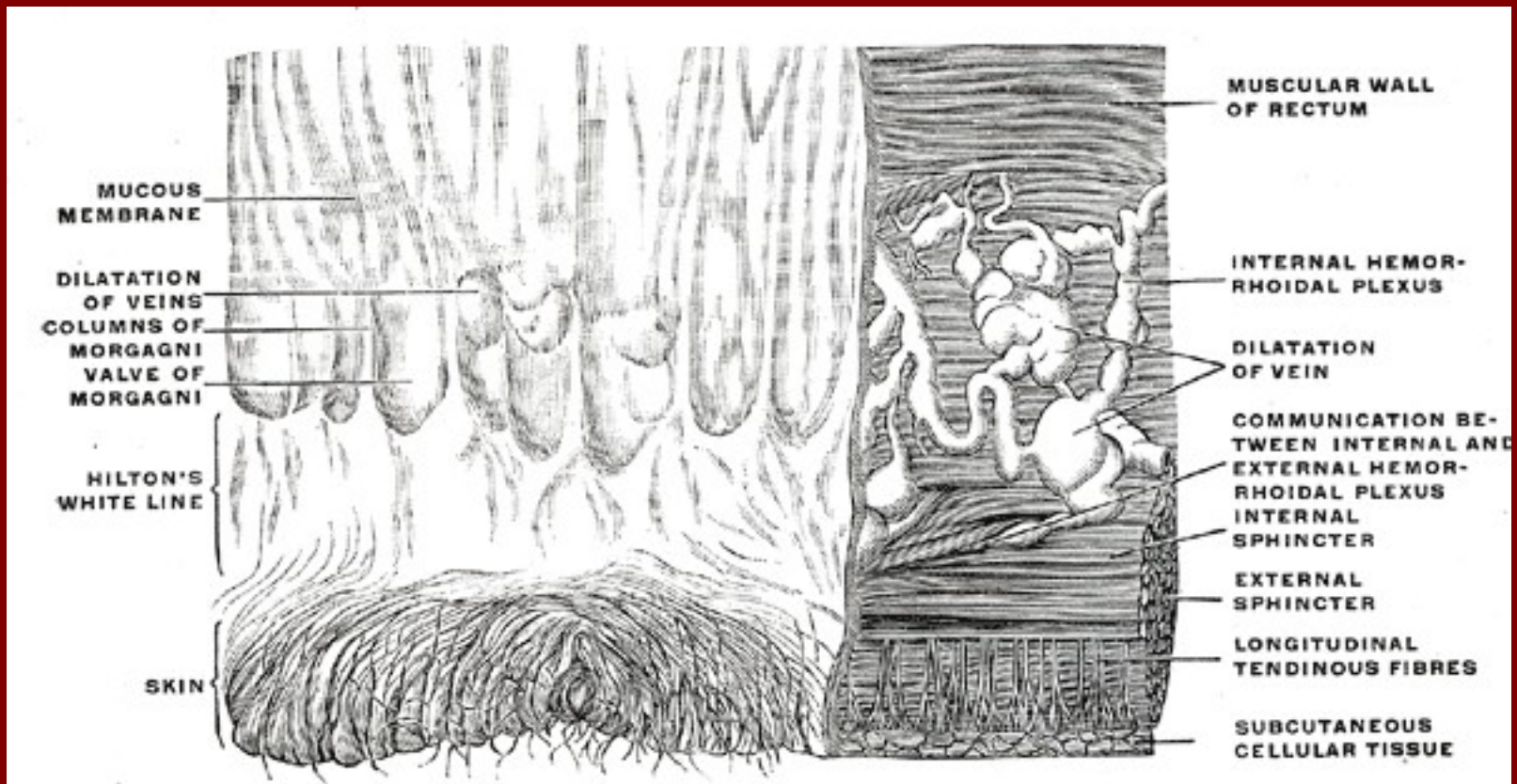
- External – most common
 - Acute onset anal pain
 - Palpable perianal mass
- Internal – far less common
 - Pain
 - Pressure
 - Bleeding







Thrombosed hemorrhoid



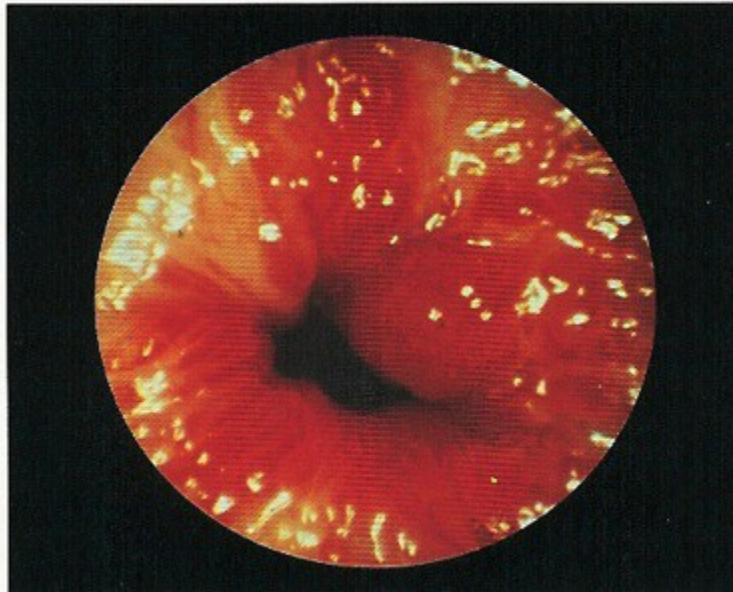


FIGURE 100



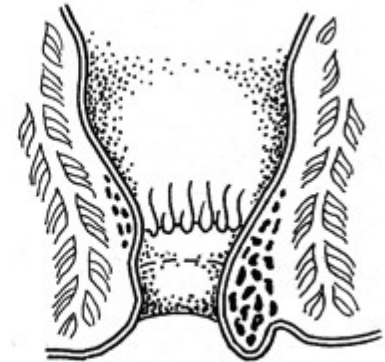
Hemorrhoid mass prolapsing into the endoscope (first-degree hemorrhoids).



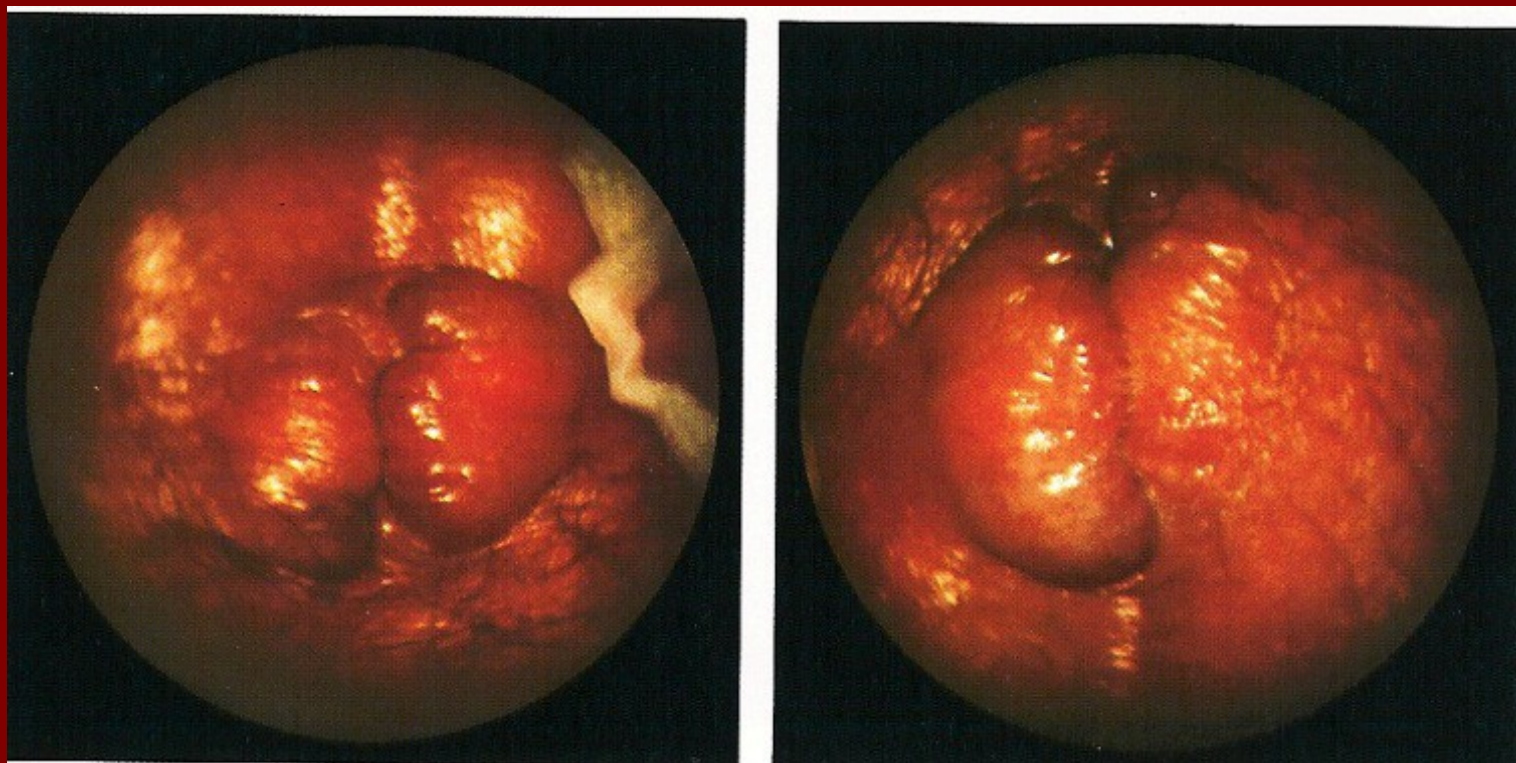
Hemorrhoid prolapsing through the anus, which slides back spontaneously (second-degree hemorrhoids).

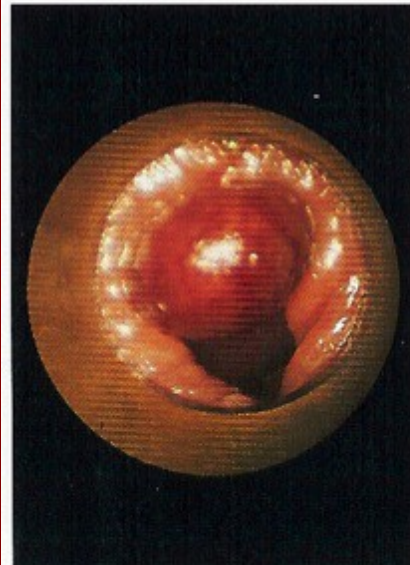


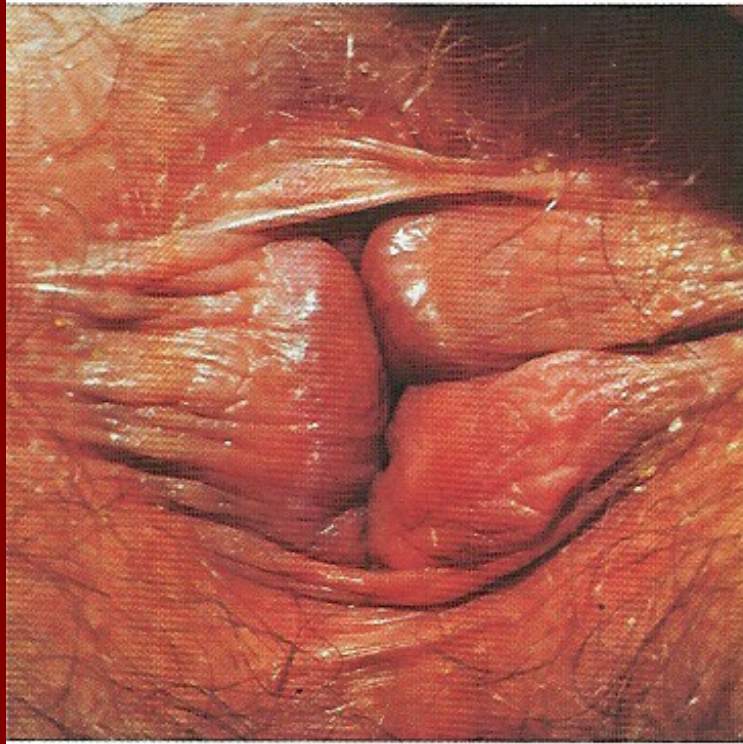
Hemorrhoid that must be replaced manually (third-degree hemorrhoids).

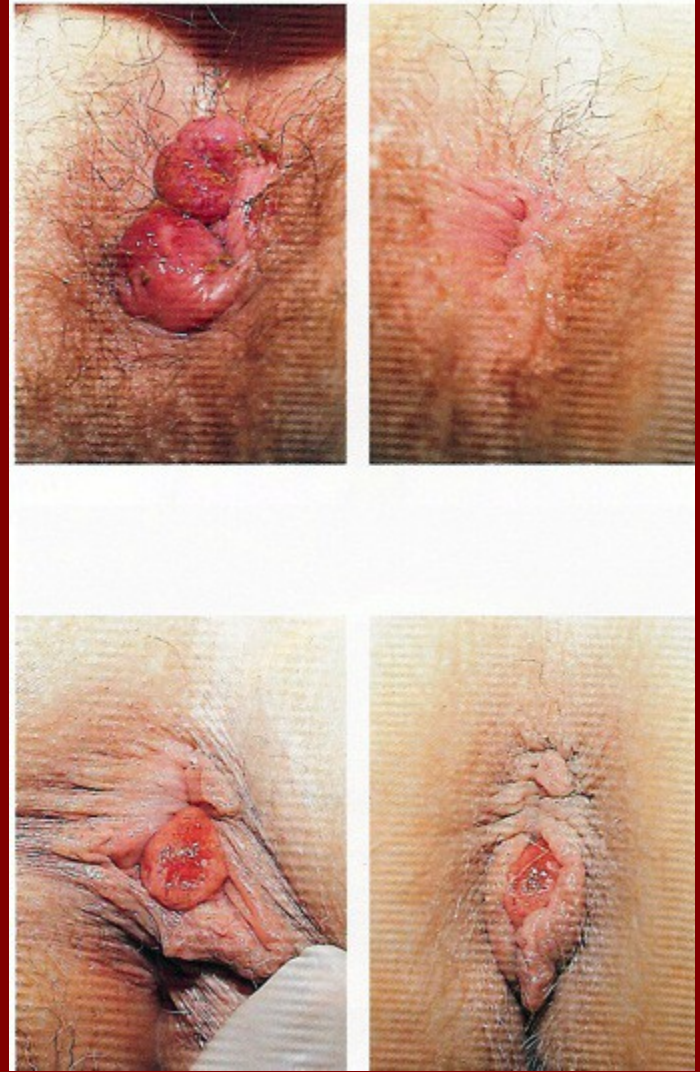


Permanently prolapsed hemorrhoid (fourth-degree hemorrhoids).











Hemorrhoids - treatment

- Medical
 - Sitz baths
 - Increased dietary fiber
 - Stool softener
 - OTC topical agents / suppositories
 - Prescription topical agents / suppositories
 - Anusol / Anusol HC

Hemorrhoids - treatment

- Surgical
 - Sclerotherapy (injection of phenol in oil or hypertonic salt solution causing thrombosis of vessels and sclerosis of connective tissue)
 - Cryotherapy
 - Rubber band technique
 - Bipolar diathermy
 - Direct-current electrotherapy
 - Infrared photocoagulation
 - Surgical excision

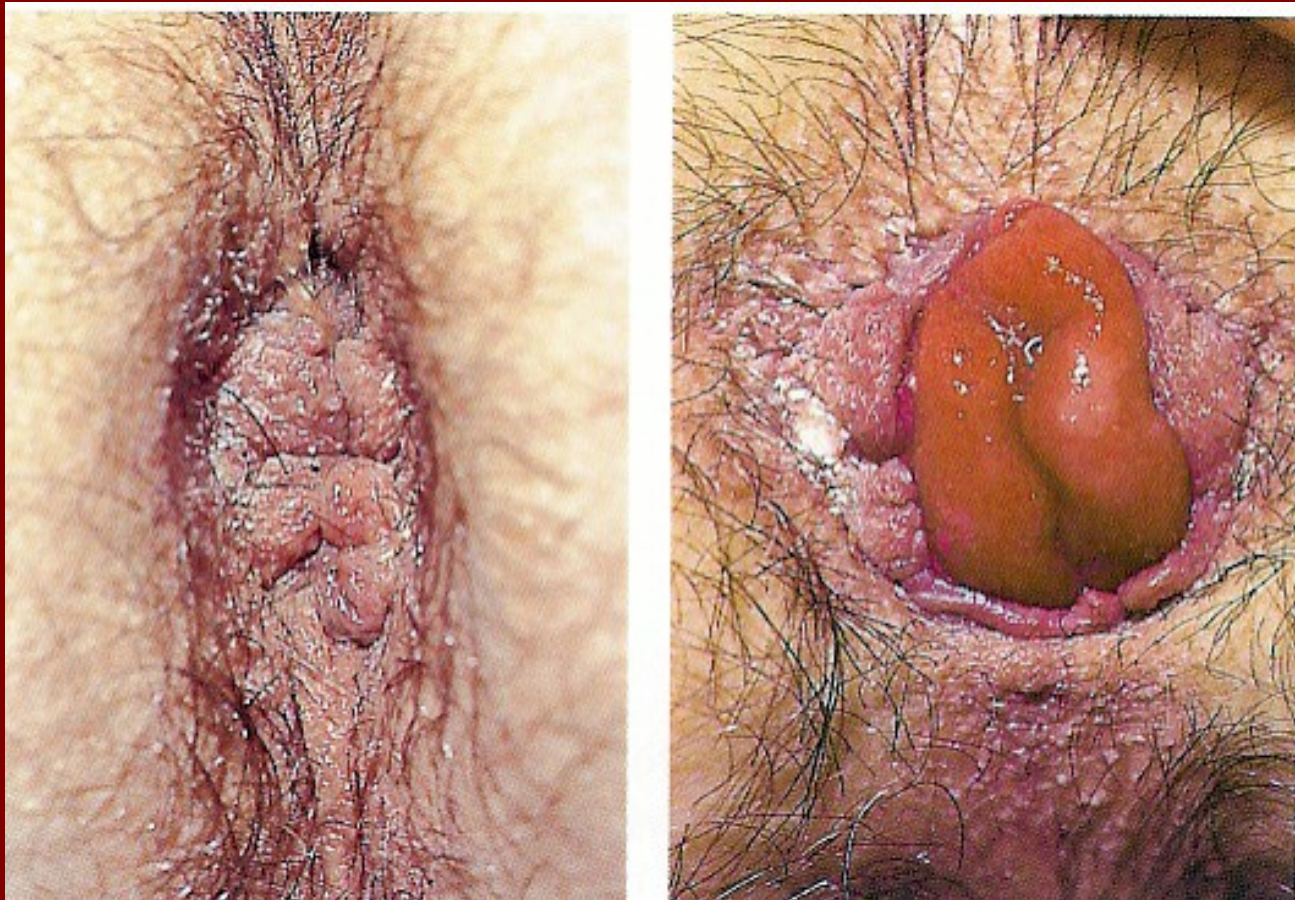
Rectal Prolapse (Procedentia)

- Passage (herniation) of a portion or all of rectal mucosa thru external anal sphincter
- Type I – false procedentia
 - Partial / mucosal prolapse less than 2 cm long
 - Produces radial folds
- Type II – true procedentia
 - Complete / full thickness rectal wall extrusion
 - Extends 2 – 5 cm
 - Produces circular / concentric folds



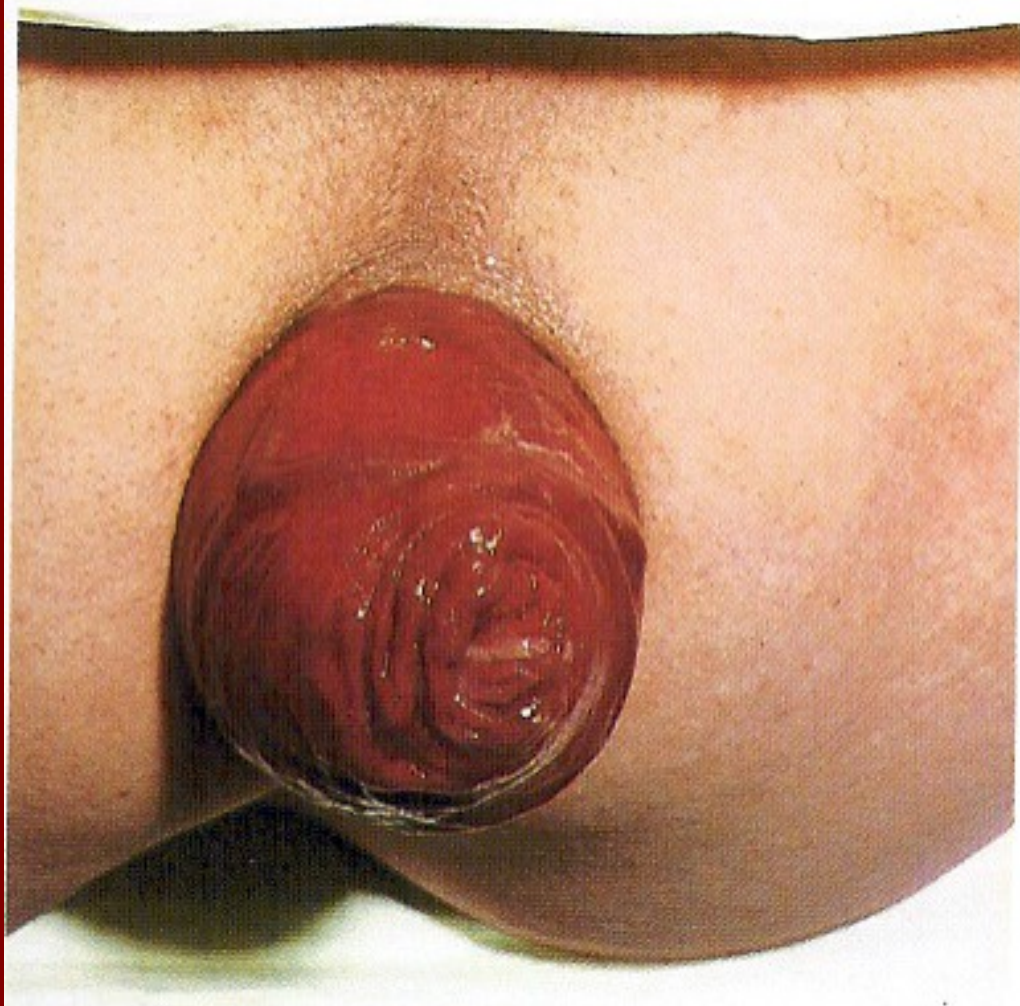
Rectal Prolapse

- Increased intra-abdominal pressure
 - Chronic constipation, protracted coughing, forceful vomiting
- Diarrheal disease
- Cystic fibrosis
- Malnutrition
- Pelvic floor weakness

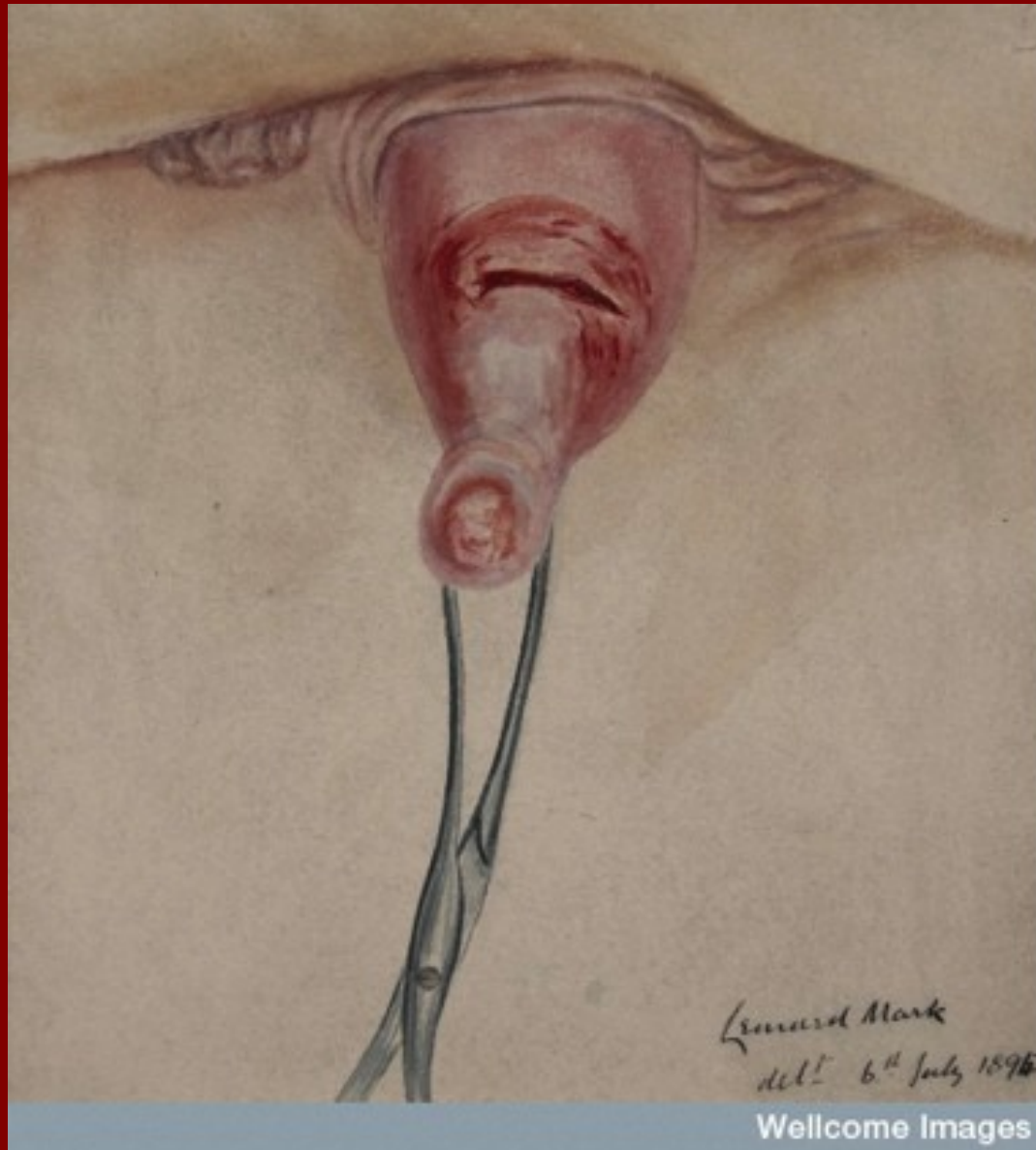






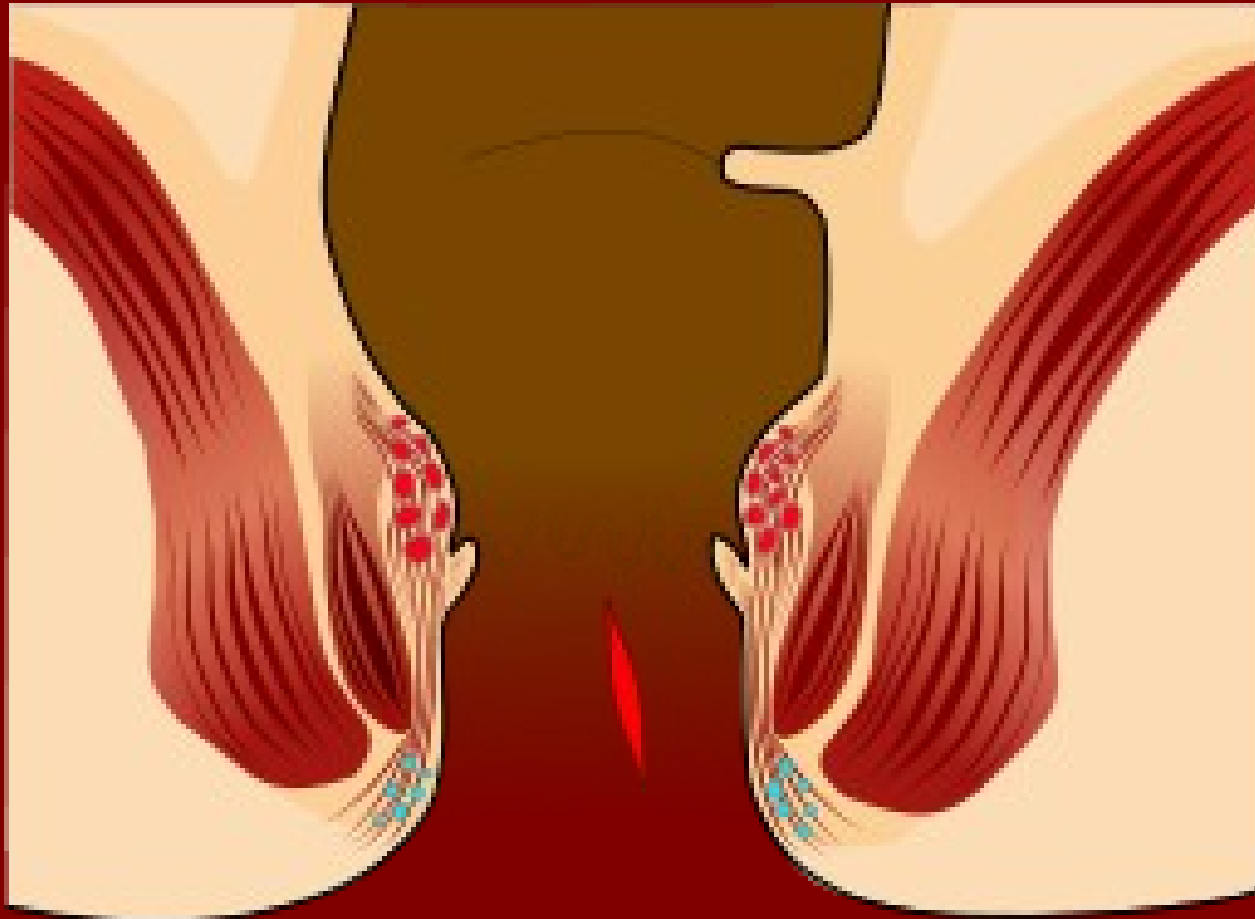






Anal Fissure (fissure-in-ano)

- Split in squamous epithelium at or just inside the anal verge (efface anal canal)
- Sharp cutting anal pain with defecation that is relieved in-between defecations
- Sentinel skin tag (sentinel pile) present
- Occurs in midline –posteriorly (90% male and 75% female)
- Predominately noted in young adults



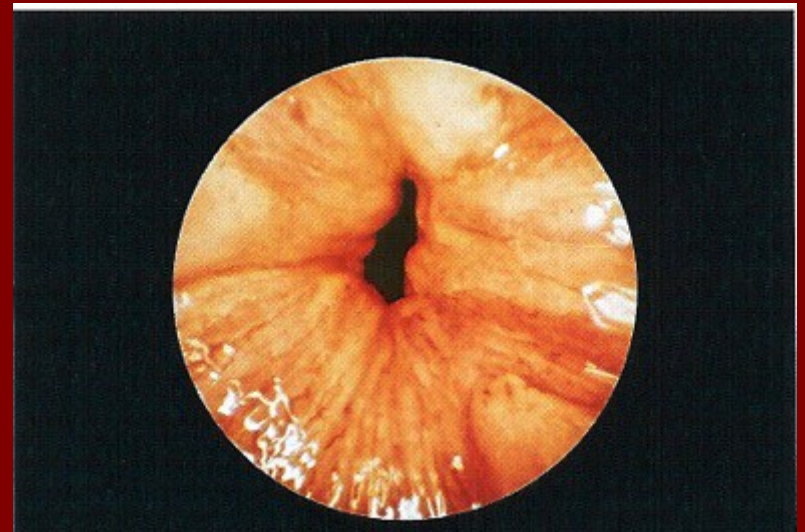
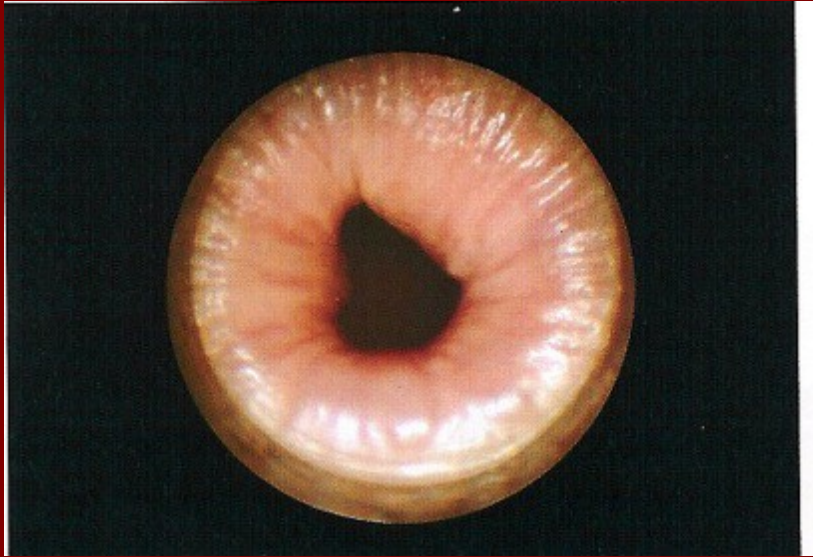


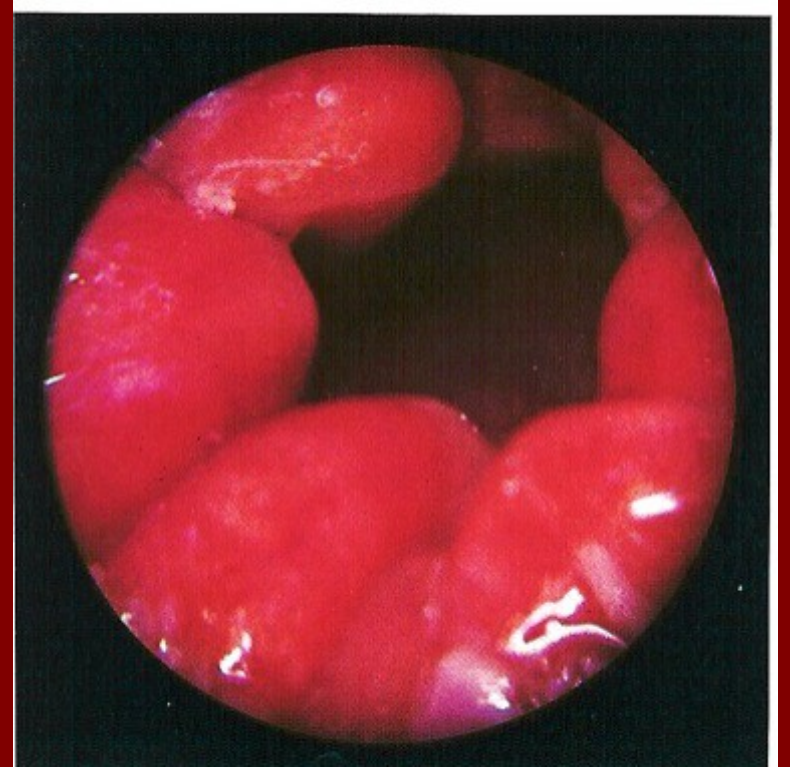
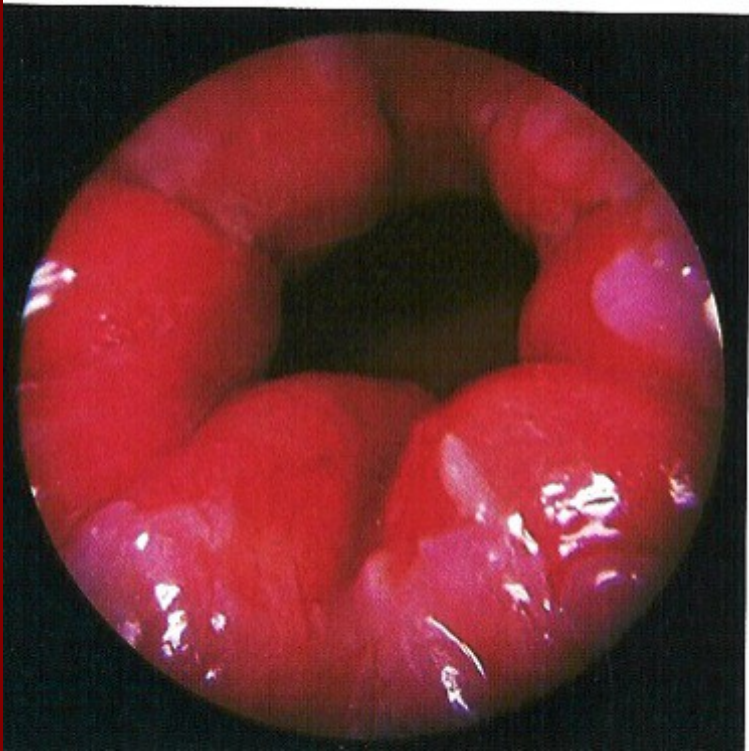
Anal Fissure

- Treatment
 - Sitz baths
 - Topical analgesics
 - Surgery for chronic lesions or intractable pain
 - Diminish resting anal sphincter pressure
 - Nitroglycerin or calcium channel blocking agents

Cryptitis (Papilitis)

- Inflammation of mucosal lining over crypts
(? passage of hard stools)
- Predisposes to inflammation of anal glands
leading to abscess formation and possible
eventual fistula formation
- Characterized by
 - Anal pain exacerbated with defecation
 - +/- bleeding and/or pruritis
 - Tender swollen crypts on palpation





Cryptitis

- Treatment
 - Sitz baths
 - Warm rectal irrigation
 - Bulk laxatives
 - Proctofoam HC

Ano-rectal Abscess

- Originates from infected anal glands at dentate line
- Perianal
- Ischioirectal (buttocks)
- Intersphincteric (fluctuance in lumen)
- Suprlevator (CT diagnosis)
- Horseshoe / deep posterior anal space
 - bilateral ischioirectal space abscess







Ano-rectal Abscess

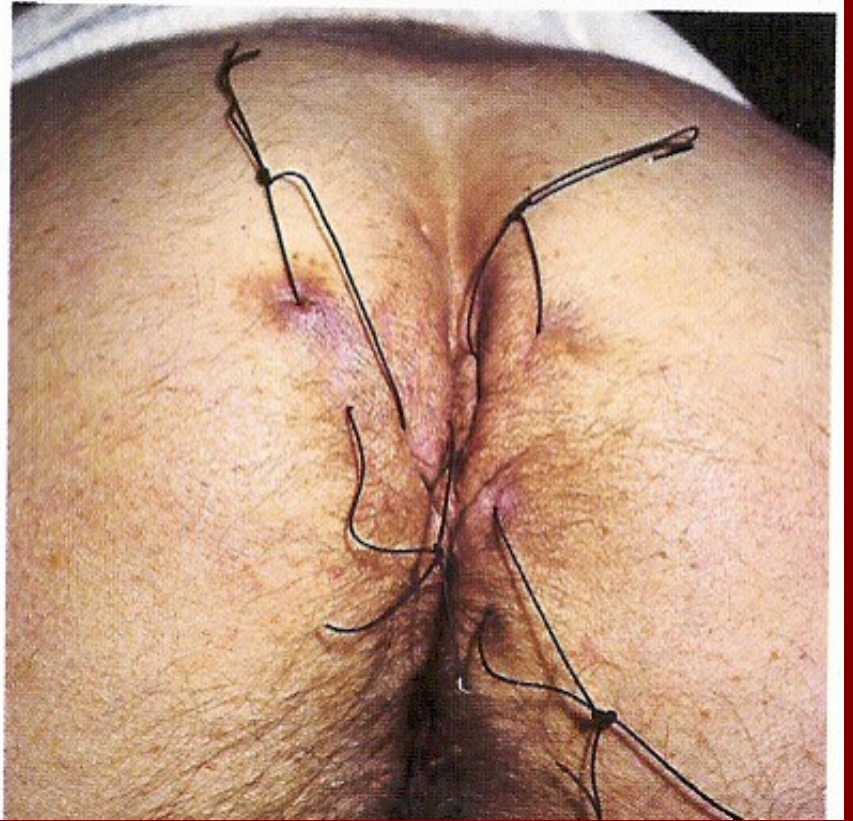
- Symptoms – dull aching, throbbing pain worse before defecation and persists between defecations
- Treatment
 - Incision and drainage
 - Antibiotics if
 - Extensive cellulitis
 - Diabetes
 - Valvular heart disease
 - Immunosuppression

Anal Fistula

- Uncommon in general population
 - Anorectal malignancy
 - Leukemia
 - Radiation proctitis
 - Actinomycosis
 - Lymphogranuloma venereum
 - Inflammatory bowel disease (Crohn's)







Venereal Proctitis

- Characterized by pruritis, discharge, mild – moderate pain or irritation, tenesmus
- Usual etiologies
 - Viral
 - Herpes simplex type 2
 - Human immunodeficiency virus
 - Papillomavirus (condylomata accuminata)
 - Bacterial
 - *Neisseria gonorrhea*
 - *Chlamydia trachomatis*
 - *Treponema pallidum* (condylomata lata –secondary syphilis)

