



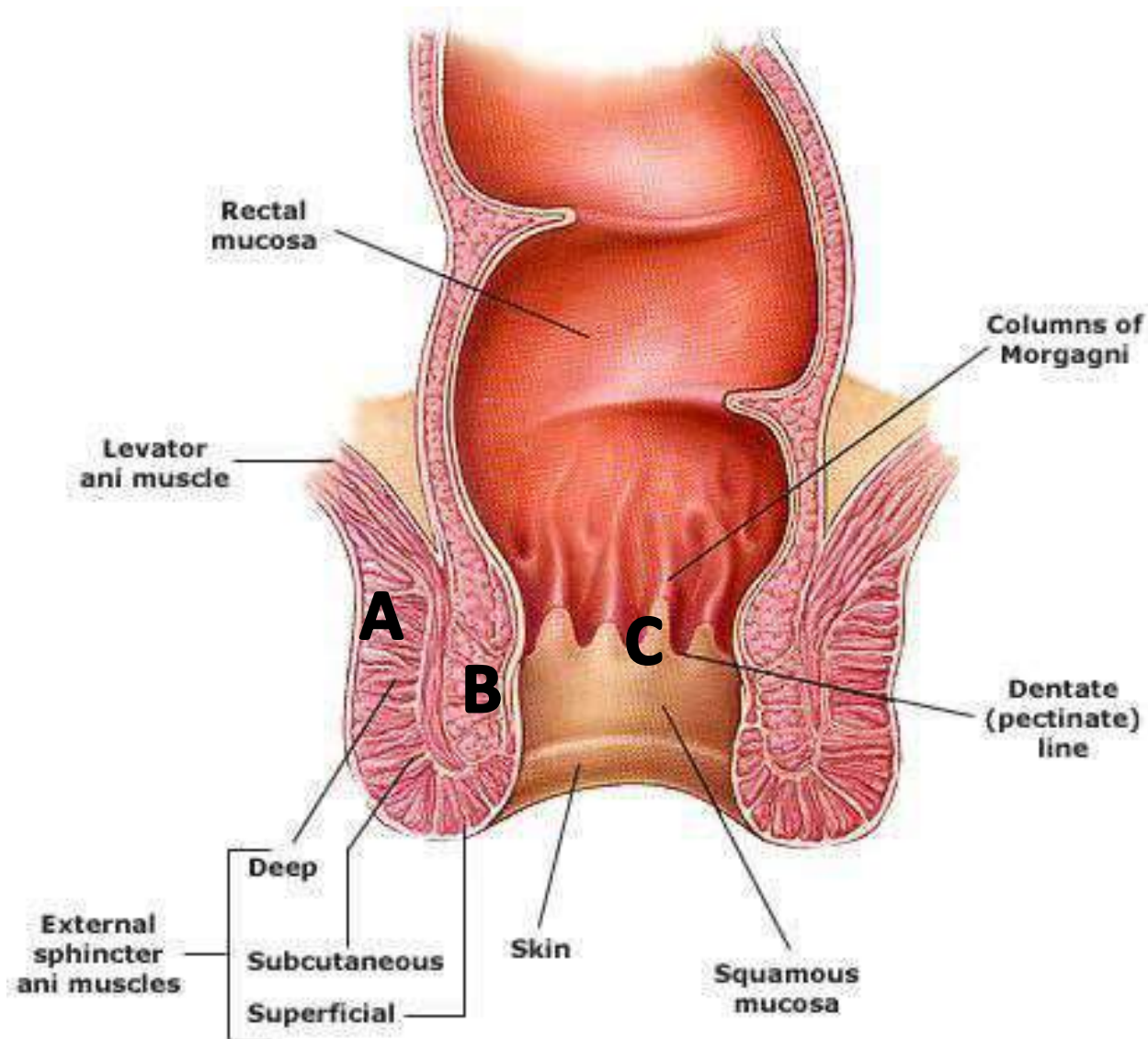
**Anorectal**

## Q: About the anatomy of anal canal:

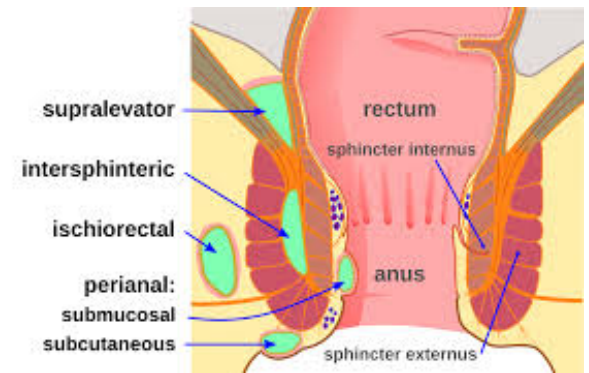
**A:** External anal sphincter

**B:** Internal anal sphincter

**C:** Dentate line



Q: Patient has anal pain and itching:



Q1: What type of anal condition in this area (Area A)?

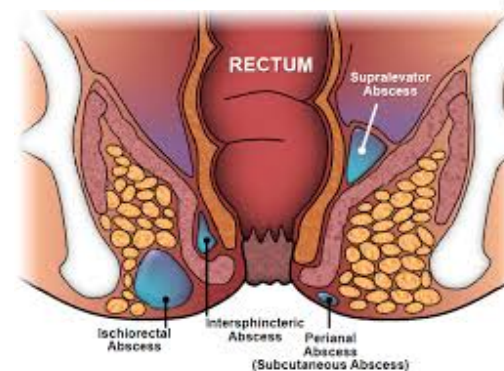
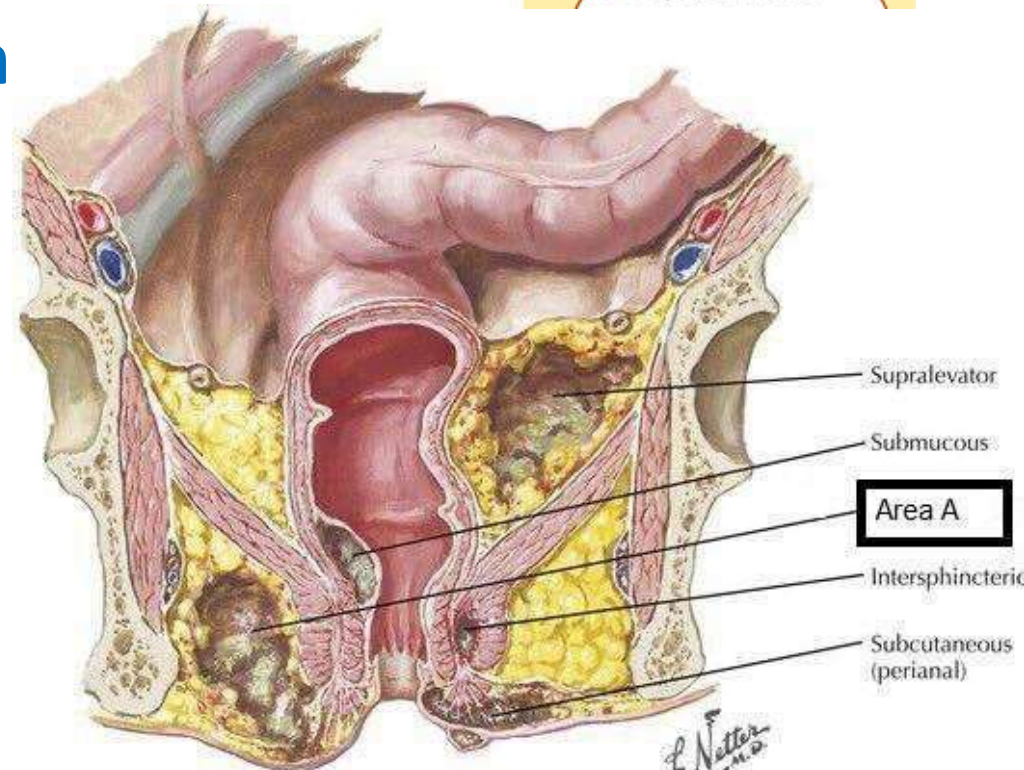
- Ischiorectal abscess

Q2: What is the Mx?

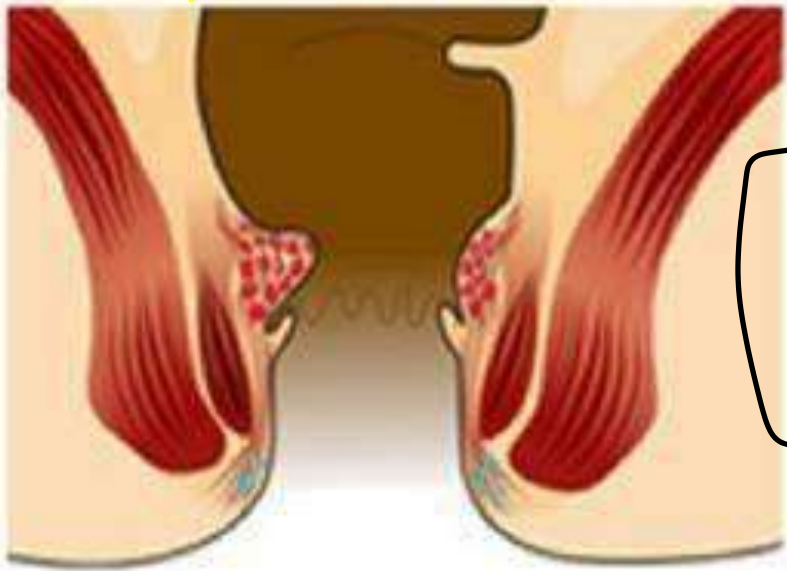
- Cruciate incision with drainage with drainage of pus (without antibiotic)

dx: *Digital Rectal examination*

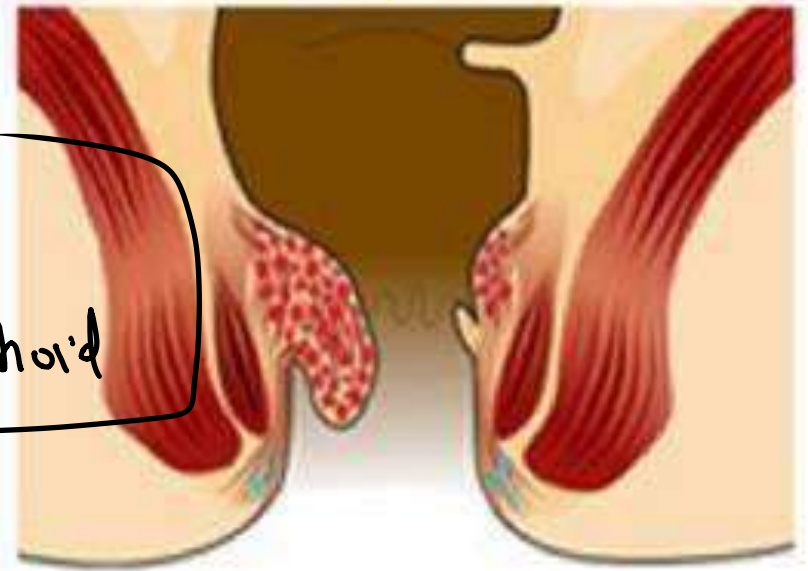
- Extra: we use antibiotic in: systemic inflammatory response or sepsis extensive cellulitis, diabetes, immunosuppression



1st Degree: No Prolapse  
Just prominent vessels

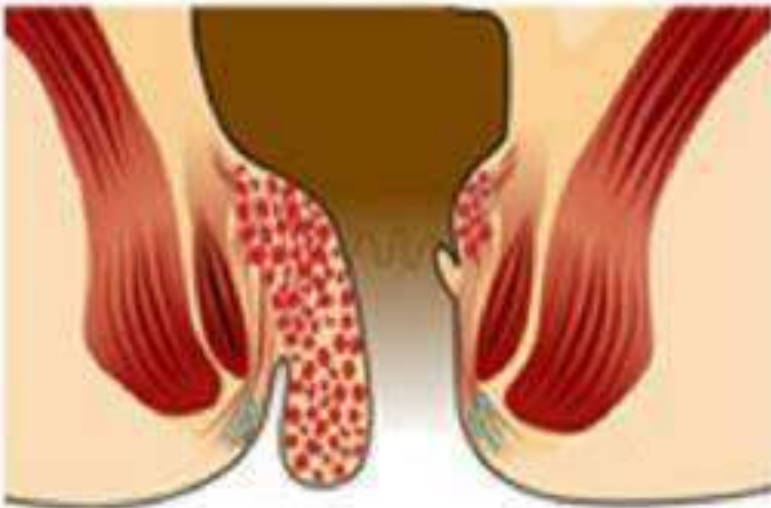


2nd Degree: Prolapse (come out) with strain  
but spontaneously reduce (go back in)

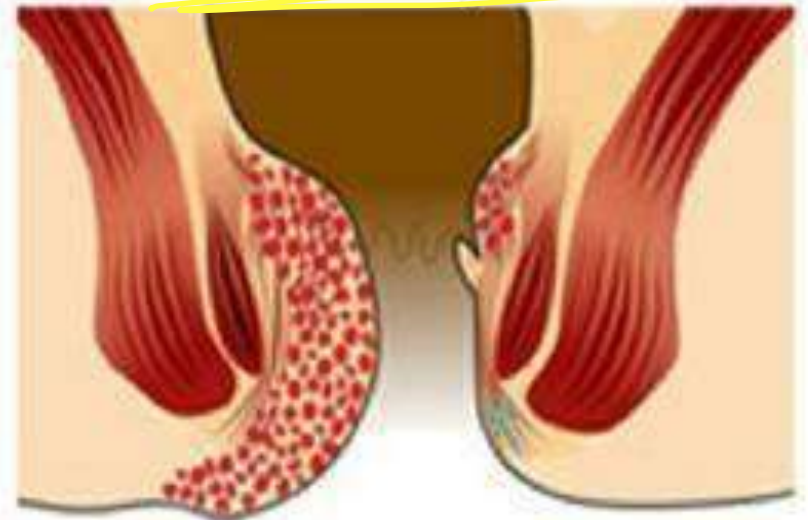


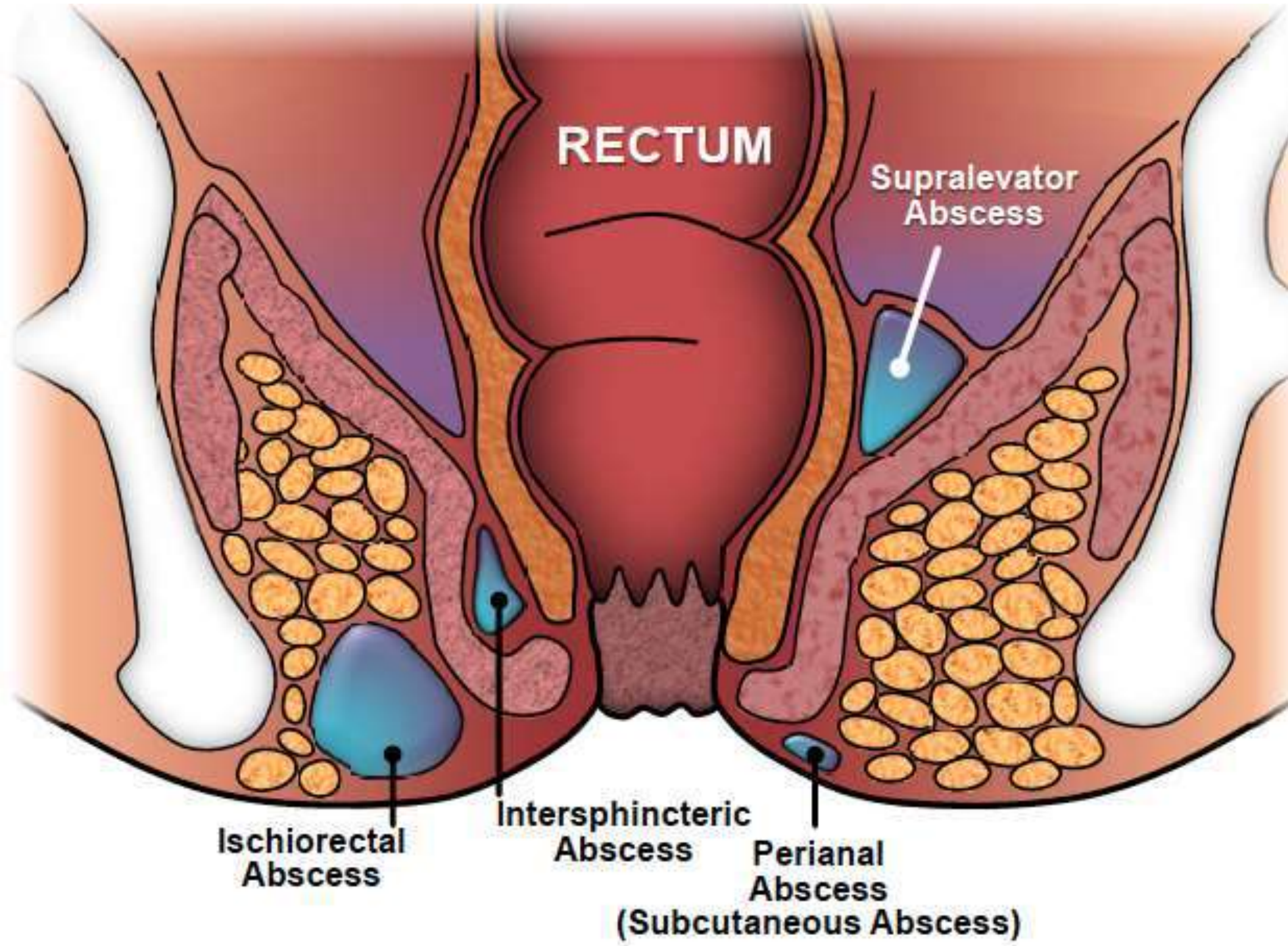
degrees  
of hemorrhoid

3rd Degree: Prolapse with strain  
and have to be pushed back in

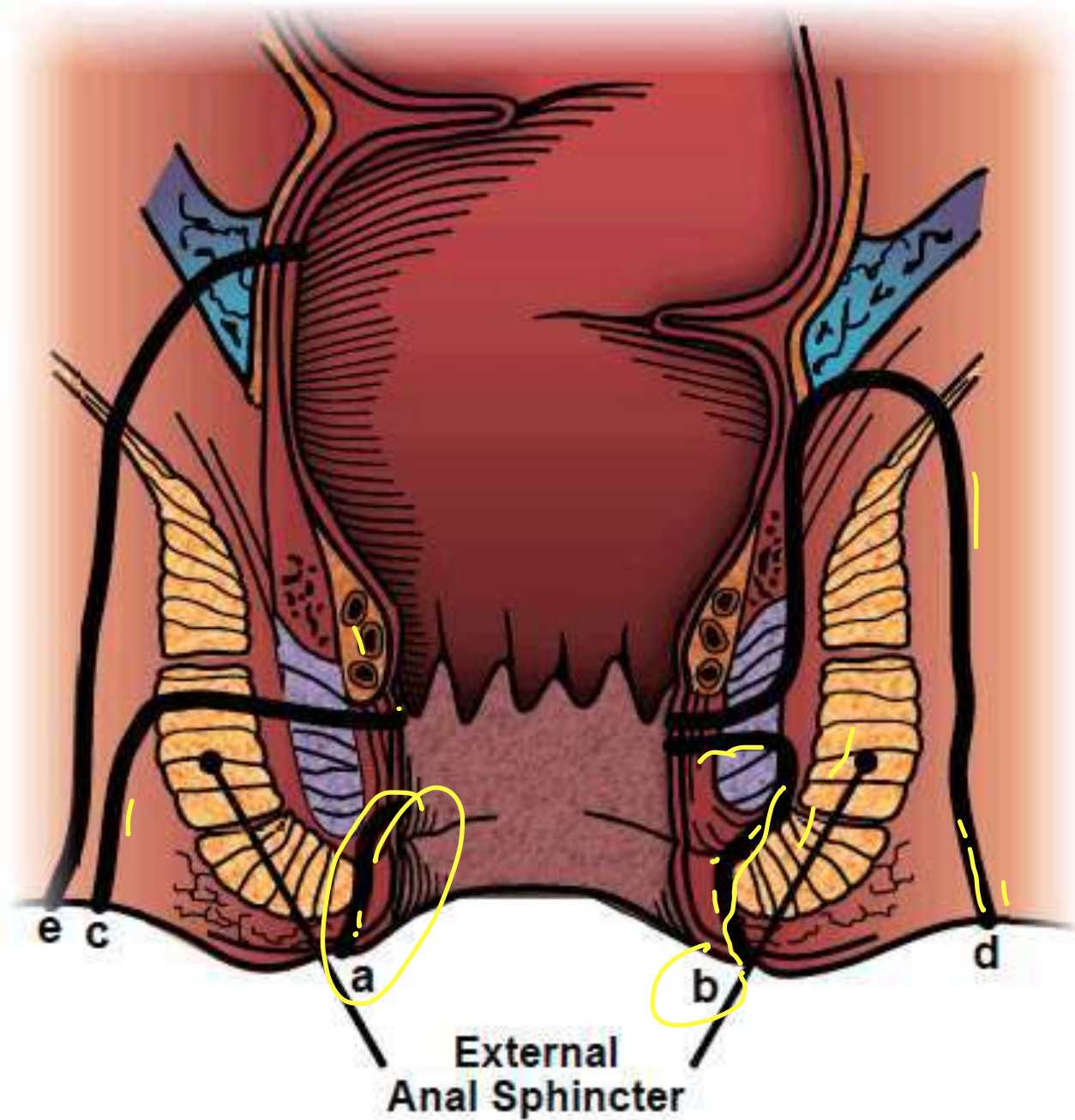


4th Degree: Prolapsed out and  
cannot be reduced or pushed back in





- a: superficial fistula
- b: intersphincteric fistula
- c: transsphincteric fistula
- d: suprasphincteric fistula
- e: extrasphincteric fistula



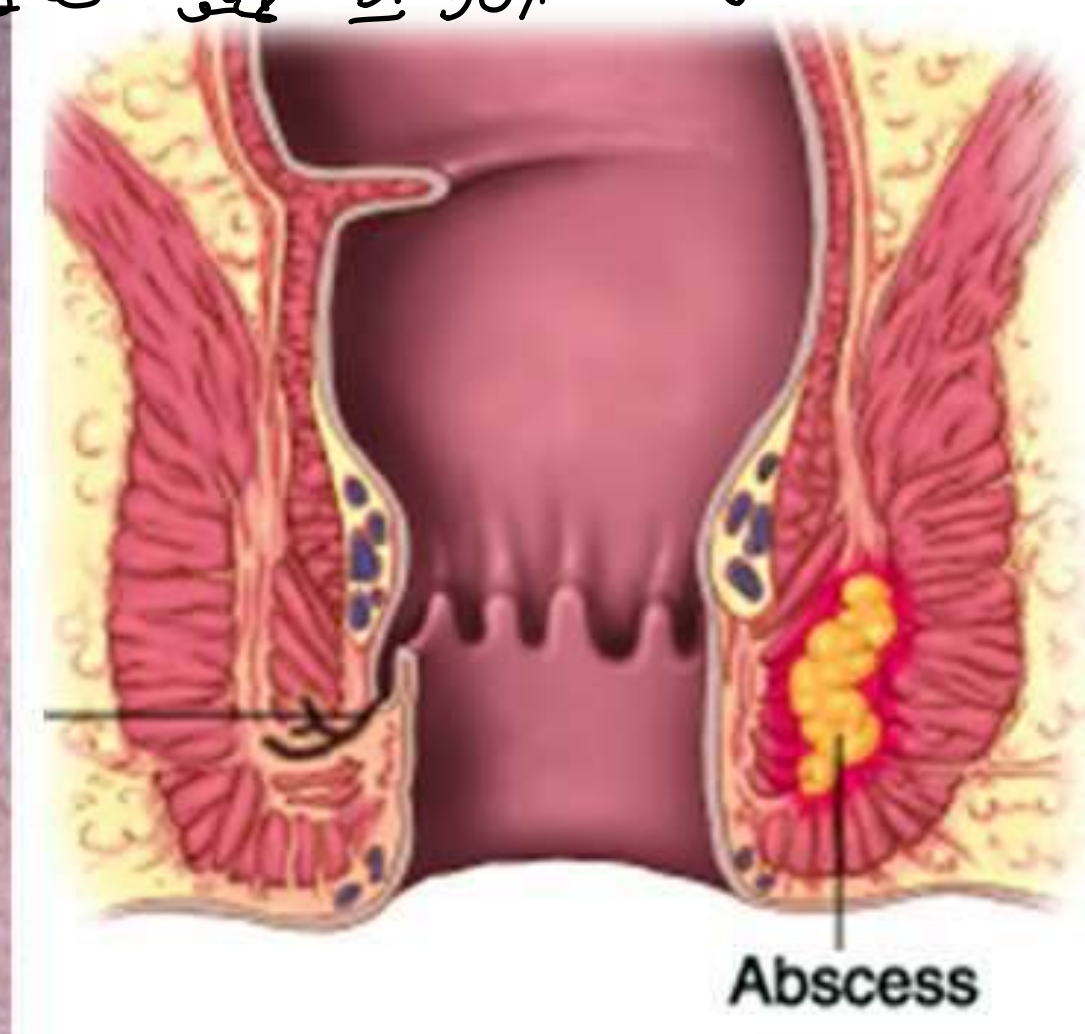
Q: This is a 35-years-old patient c/o severe anal area pain

1. What is the diagnosis? Perianal Abscess

2. What is the treatment? Drainage & Antibiotics Cover

3. What is the possible sequel for this condition? Fistula

فستیولہ 50% سے زائد کے معنی ہے



Q: A 25 year old male presented with **anal pain** and **fresh blood PR** the peri-anal area is shown:  
+ itching

Q1: What is the Dx? Bleeding Hemorrhoids

Q2: What do you recommend?

- 1) Bath sitz
- 2) Laxatives
- 3) High-fiber diet

Q3: Beside bleeding, name 2 more complications?

- 1) thrombosis
- 2) Infection
- 3) Ulcers

Remember UTI as mnemonic



**Classification:** Internal (above dentate line)  
external (below dentate line). → more painful

**Risk factors:** constipation<sup>①</sup>/ straining<sup>①</sup>/ pregnancy<sup>③</sup>/ ascites<sup>④</sup>/ portal HTN<sup>⑤</sup>.  
APC → ascites, portal/pregnancy, constipation/straining

**Hemorrhoidectomy:**

\* contraindicated in **chron's.**

\* complications: pelvic infection/ anal LPI bleeding

stricture/ incontinence. نسيان ماكي colon تستعد ايه عنى ca colon

اذا جا يعرفه عنده و نسيان ماكي colon تستعد ايه عنى ca colon



## Q1: Name the Dx?

- Pilonidal Sinus (PNS)

## Q2: Name 4 sites for it?

- 1) Inter-digital space
- 2) Natal cleft
- 3) Between breast
- 4) Axilla

**Treatment** If your PNS does get infected, surgery will most likely be recommended and may include the following:

- 1) Incision and Drainage
- 2) Wide Excision (reduce your chances of a reinfection. However; Your wound may take a long time to heal)
- 3) Excision and Primary Closure (reinfection chances are higher)



**Q: A 22-years old male patient presented with upper natal cleft area increasing in pain for the last 3 days.**

**1. What is your diagnosis?**

Gluteal Cleft Abscess of a Pilonidal Sinus

**2. What is the treatment?**

Incision & Drainage



# Fistula –in- ano

## anal Fistula

- From rectum to anal skin.

- Causes:

① anal crypt infection

② perianal abscess.

- Sx :

perianal drainage

itching

+++

diaper rash.

① marsupialization of fistula tract

② wound care

③ seton placement if fistula is through sphincter muscle



dx : DRE

+

Proctoscope

anal fissure triade for chronicity  
Q: This pt has **painful defecation:**

## 1. Name the findings on examination

- ① Fissure
- ② Sentinel pile
- ③ hypertrophied anal papilla

of the anal area.

A > Anal Fissure

B > Sentinel Pile

mostly caused by constipation and seen in Crohn's dz

## 2. Mention 2 treatment options.

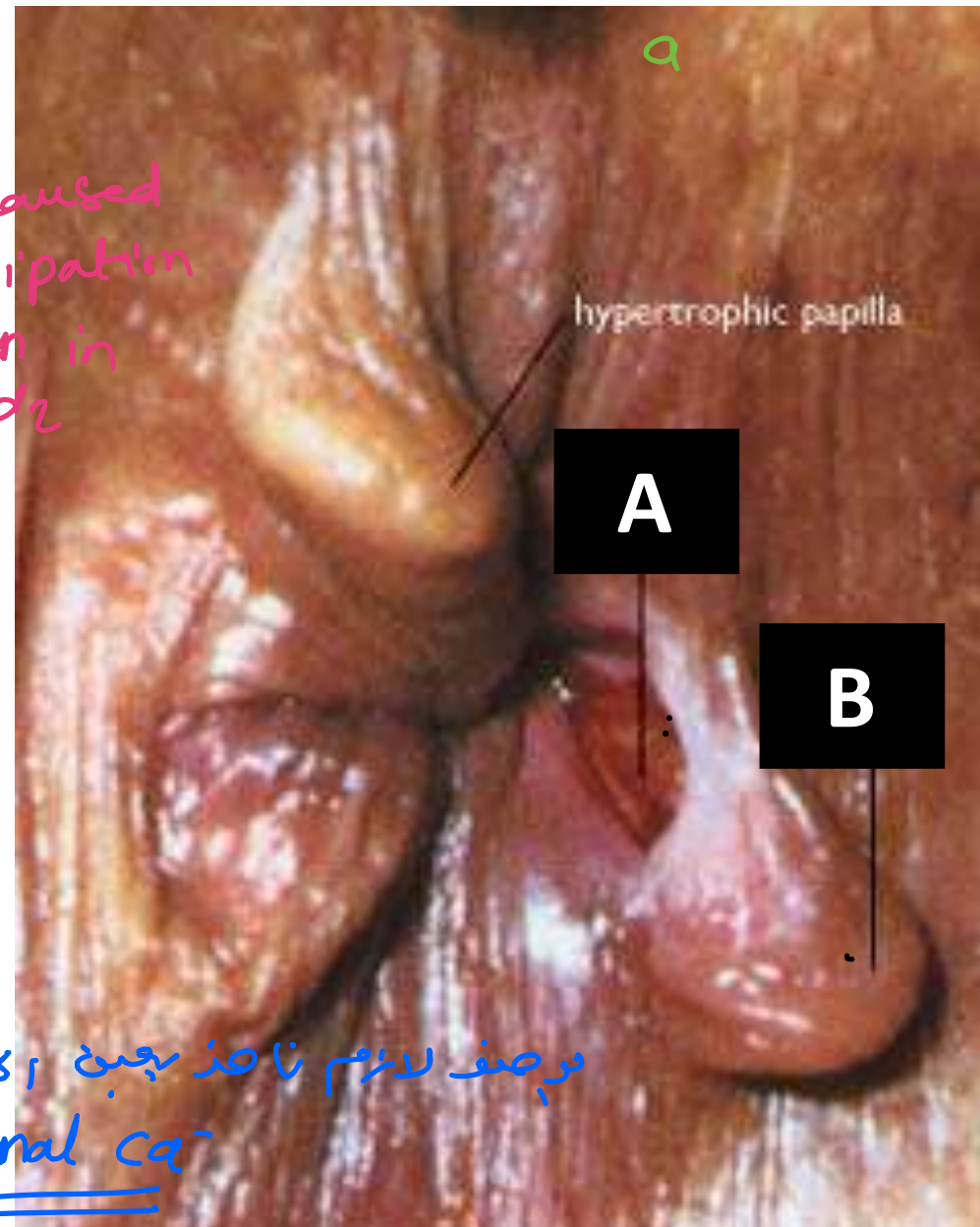
- **Lifestyle modification** with high fiber diet and increase fluid intake

- **Medical Management** (Laxatives, stool softeners, local anesthetic creams, botulinum toxin injection, sitz bath...etc)

- **Surgical Management** (Sphincter dilatation, Lateral internal sphincterotomy, Fissurectomy)

مريض لايزم تاخذ بجنب الاعتبار

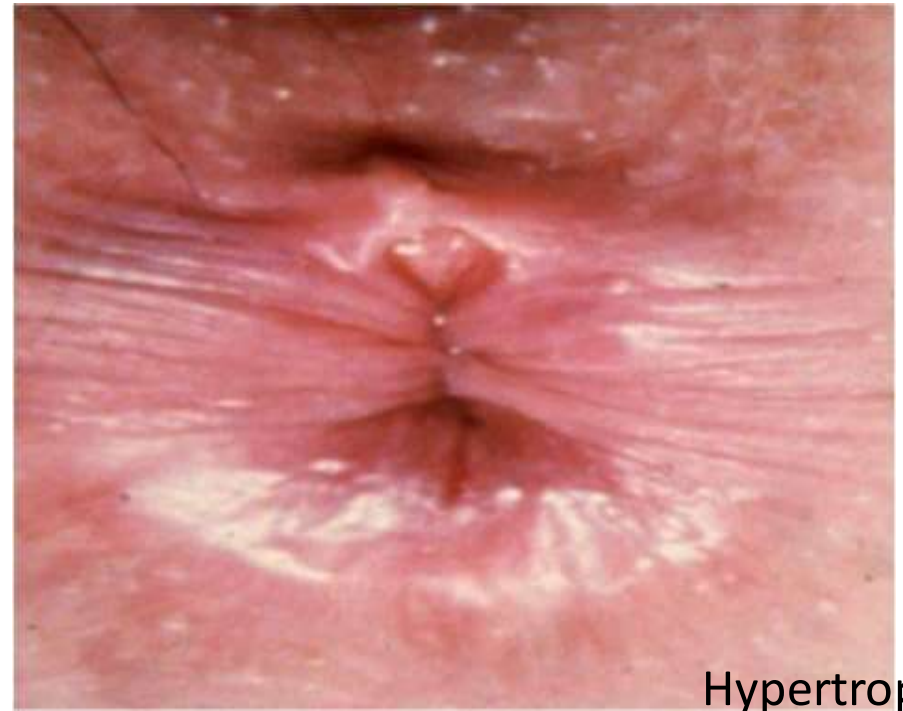
anal ca



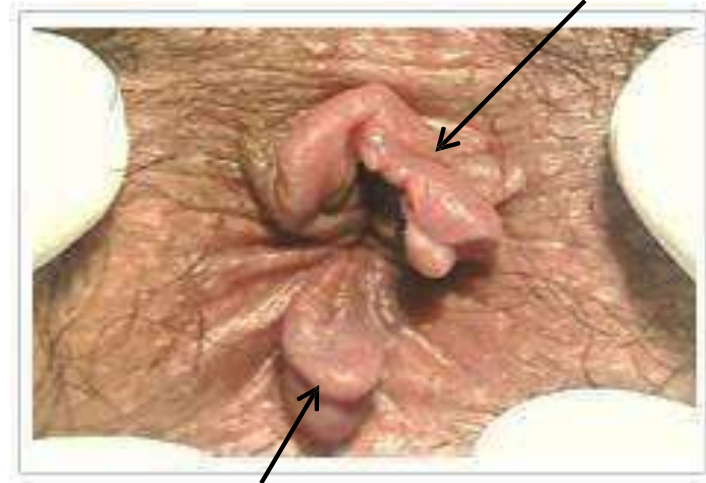
This is a chronic fissure with hypertrophied papilla & pile formation, the guidelines state that for chronic fissures medical management with botulinum toxin, stool softeners and anesthetic creams is indicated first. If the fissure is refractory to medical management then surgical intervention with lateral internal sphincterotomy is highly indicated, but sphincter dilatation could also be used.

# Anal fissure

- **Hypertonic internal sphincter.**
- Chron's disease may cause it.
- Very painful.
- Posterior fissures more common than anterior ones.
- Signs : **sentinel tag/ hypertrophied papilla/** blood on toilet paper.
- Surgery indication: chronic fissure / refractory to conservative treatment.
- Surgery: lateral internal sphincterectomy.
- Triad of chronic fissure: sentinel pile/ hypertrophied papilla/hypertonic sphincter.



Hypertrophied papilla

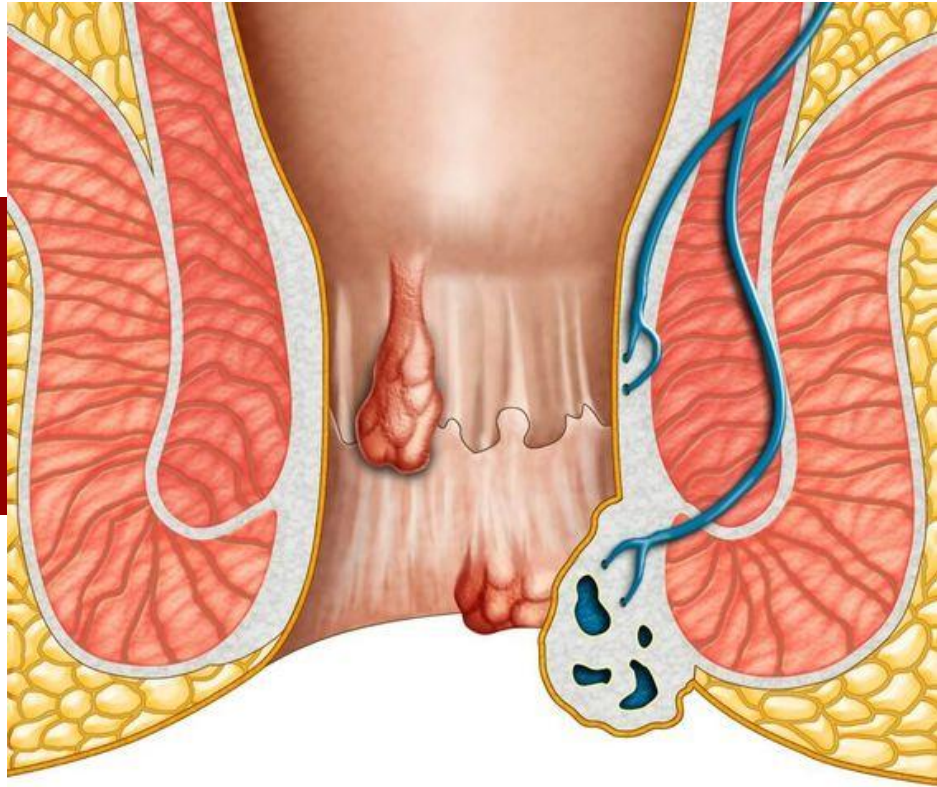


Sentinel pile

# Perianal warts

- Cause : condylomata acuminata (HPV).
- The major risk is SCC.
- Treatment : if small, topical podophyllin/ if large, surgical resection or laser ablation.





# ANORECTAL

# • QUESTION

Wateen 2023

فكر

40 year old male with acute lower back pain since 3 days.

A) What is your diagnosis?

B) Next step in management





# • ANSWER

A. Gluteal Cleft Abscess of a Pilonidal Sinus(PNS Abcess )

B. Incision and drainage



# • QUESTION

حقوق

Wateen 2023

a) Diagnosis

b) other common sites



# • ANSWER

a) Pilonidal sinus

b) Axilla/ natal cleft /between breasts /intradigital space

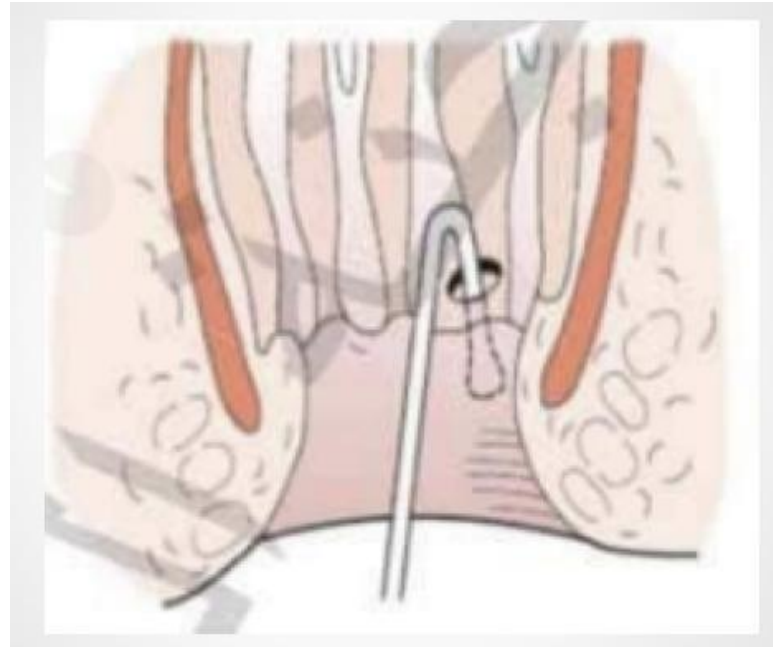


# • QUESTION

Wateen 2023

What is your Diagnosis ?

- a. Perianal Abscess
- b. Perianal sinus
- c. Ischiorectal Abscess
- d. Fistula in Ano



# • ANSWER

d. Fistula in Ano



# • QUESTION

Wateen 2023

A 35 year old female with chronic constipation presented with acute anal pain and fresh blood with defecation. Her examination as in image.

A. Your spot diagnosis?

B. the 1st line treatment of this lady is?



Clear HX

# • ANSWER

A. anal fissure

B. Laxatives and topical pain killer



# • QUESTION

Wateen 2023

Patient with rectal bleeding how to know the source of the bleeding





# • ANSWER

- ① Anal Fissure
- ② hemorrhoids
- ③ diverticulosis

- ④ UC
- ⑤ colon ca
- ⑥ constipation

The blood may be bright red. The term "hematochezia" is used to describe this finding. This usually means that the source of bleeding is the lower GI tract (colon and rectum)

occult blood or dark black stool or stool mixed with blood usually means upper Gi bleeding

- ① gastritis
- ② PU
- ③ esophageal varices
- ④ Mallory Weiss
- ⑤ esophagitis



# • QUESTION

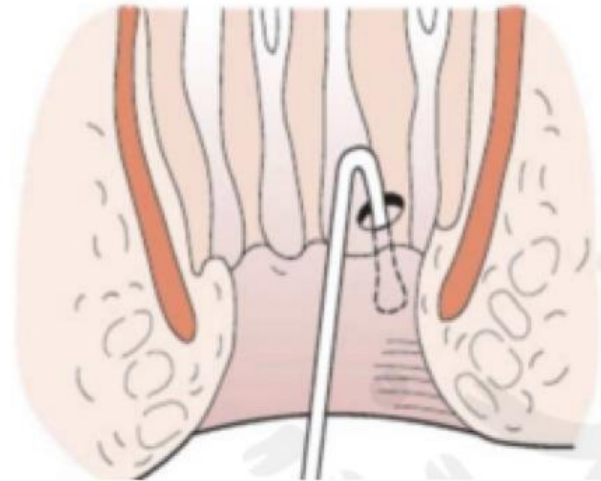
حسرت

Harmony 2022

20. What is your diagnosis?

- a. Perianal Abscess
- b. Perianal Sinus
- c. Ischioirectal Abscess
- d. Fistula in Ano

Answer: D

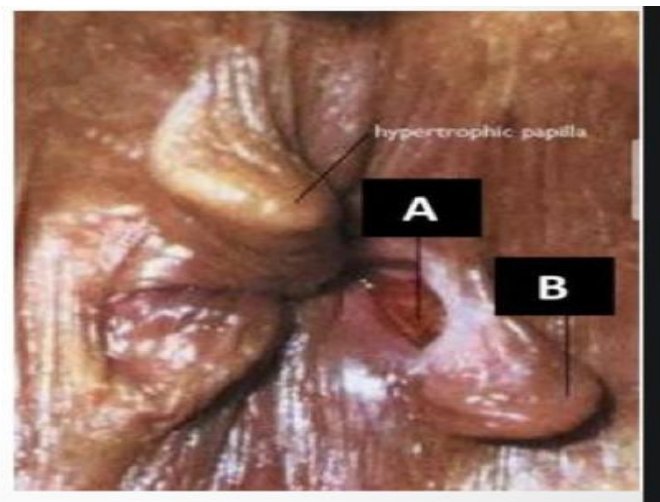
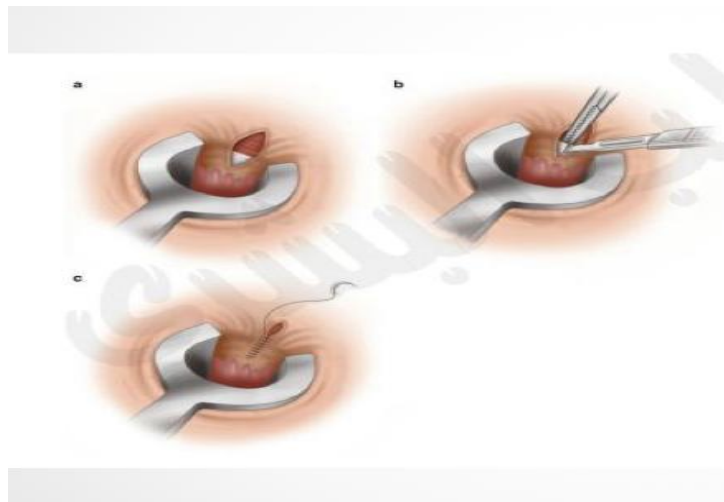


# • QUESTION

SOUL 2021

A) What is the diagnosis:

B) Name a surgical management



# • ANSWER

A. Anal fissure

B. Lateral internal sphincterotomy

gold standard  
For Ht of  
chronic anal fissure  
that don't  
respond to conservative Ht



# • QUESTION

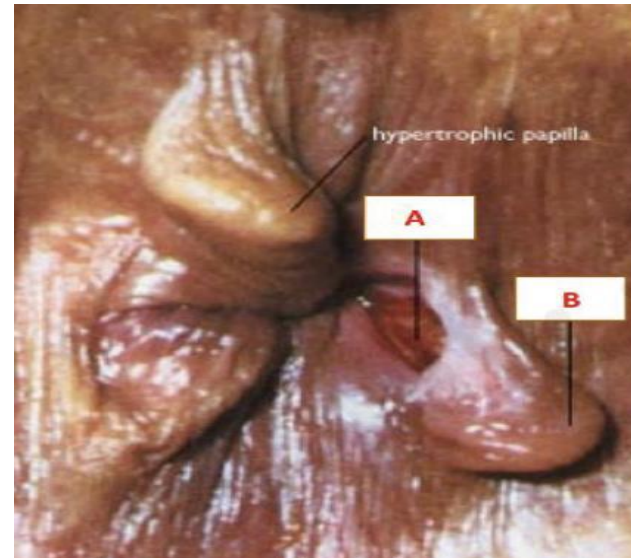


IHSAN 2020

This patient has painful Defecation

1. Name the findings on examination of the anal area

2. Mention 2 .treatment options



# • ANSWER.

1. Anal Fissure (B) Sentinel Pile (A)

2. Management

Lifestyle modification with high fiber diet and increase fluid intake - - Medical Management (Laxatives, stool softeners, local anesthetic creams, botulinum toxin injection, sitz bath...etc) Surgical Management (Sphincter dilatation, Lateral internal sphincterotomy, Fissurectomy) -



# • QUESTION

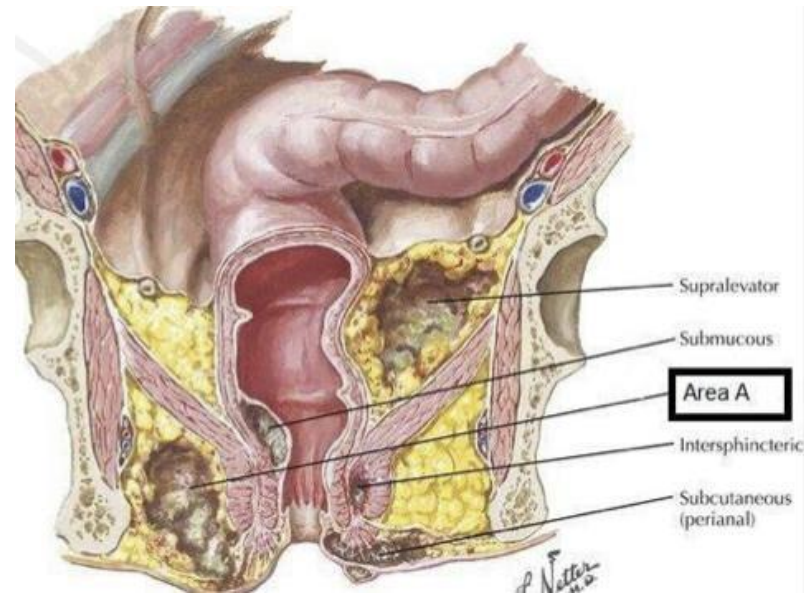
مسرد

2019 – Before

A patient has anal pain and itching:

1. What type of anal condition in this area (Area A)?

2. What is the Mx?



# • ANSWER

1. Ischiorectal abscess

2. Cruciate incision with drainage of pus (without antibiotic)



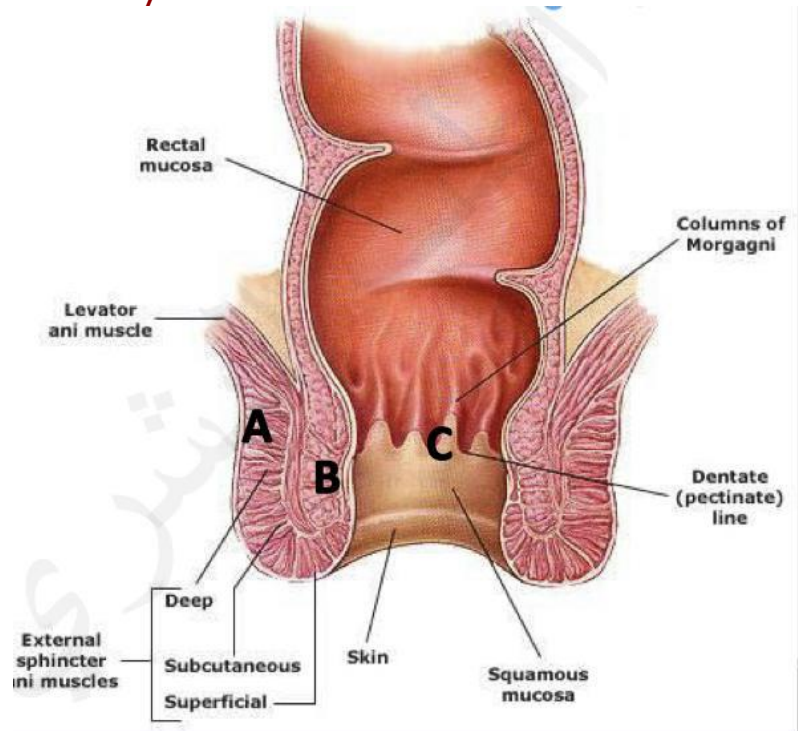


# QUESTION

15/5

2019 – Before

1. About the anatomy of anal canal:



# • ANSWER

A: External anal sphincter

B: Internal anal sphincter

C: Dentate line

