

IMPROVING PROGNOSIS AND TREATMENT OF COMPLICATED FORMS OF ACUTE PARAPROCTITIS!

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Abstract. *This article is going to explain and discuss related arguments and details concerning para proctitis. Para proctitis is a purulent-inflammatory process in the fatty tissue around the rectum. Among proctological diseases, Para proctitis is the second most common (after hemorrhoids) and the first in the practice of emergency surgery. The disease is infectious in nature, and in most cases, it is caused by the penetration of pathogenic microorganisms from the mucous membrane of the large intestine into the perirectal area.*

Keywords: *ultrasound, surgical treatment of para proctitis, diagnosis of para proctitis, prevention of para proctitis, MRI, CT.*

Introduction

The main symptoms of the disease is pain and burning in the anus, as well as an increase in body temperature. Para proctitis requires a mandatory examination by a proctologist. If timely medical care is not provided, the disease can become chronic, then fistulas appear at the site of inflammation, and sepsis can develop after a certain time. In terms of types of the disease, Para proctitis is divided into two main types: acute and chronic.

The acute form of Para proctitis is primary and has a clear clinical picture. Depending on the location of inflammation, acute Para proctitis can be:

Pararectal (subcutaneous): this form spreads to the subcutaneous tissues of the anus. This is the most common and treatable type of Para proctitis.

Ischiorectal (ischio-rectal): in this form, inflammation is located in the ileorectal depth.

Pelvic (pelvic-rectal): this type involves inflammation inside the pelvic cavity.

Intrasphincteric: in this case, the source of inflammation is localized in the tissues and muscles of the anal sphincter.

Chronic Para proctitis lasts a long time. Often this pathology occurs due to improper treatment (or lack thereof) of the acute form of Para proctitis. Chronic inflammation is usually localized in the area of Morgan's crypts (recesses in the wall of the anal canal) and spreads to the fiber near the large intestine. As a result of chronic Para proctitis, fistulas appear in the rectum - long-term non-healing channels that connect the colon with the surface of the skin or other organs. They are a source and at the same time an entry point for infection.

Below lines of the article will tell about some symptoms of Para proctitis as follows:

- the presence of a fistulous tract;
- serous, purulent or bloody discharge from the fistulous tract;
- painful infiltrate that appears from time to time, often located in the area of the external fistula;
- maceration of the perineal skin around the fistula;
- tissue swelling;
- signs of intoxication during an exacerbation.

In the next stages, the patient will experience the following symptoms:
increase in body temperature over 38 ° C, shivering;
sharp pain in the anal area;
deterioration of the general condition.

Pararectal (subcutaneous) Para proctitis has a clear clinical picture. It is manifested by redness and swelling of the tissues around the anal ring, as well as severe pain when palpating the site of inflammation. Manifestations of other forms of Para proctitis may differ depending on the location of the lesion. In addition, the patient may develop defecation disorders, false calls, constipation, etc. Fistulas begin to form in the chronic course of the disease. Their holes open near the anus or near the buttock. The pain subsides, and an unpleasant-smelling purulent discharge begins to flow from the pores. If left untreated, the fistula may heal and reoccur. The chronic form of Para proctitis cannot be treated independently.

Causes of Para proctitis

Para proctitis is an infectious disease that occurs due to the penetration of pathogens into the soft tissues near the rectum. Actively multiplying, bacteria cause inflammation. Most often, Para proctitis is caused by streptococci, staphylococci and E. coli. Normally, bacteria cannot enter human soft tissues due to the presence of a barrier. However, when the skin and mucous membranes are damaged, the pathogenic microflora penetrates the mucous membrane and enters the adipose tissue. However, the disease does not develop in everyone and not always. Thus, predisposing factors for the appearance of Para proctitis include those such as weakened immunity, violation of blood supply to tissues, disorders of the gastrointestinal tract (constipation or diarrhea), complications of hemorrhoids, cryptitis, previous anorectal or perineal surgical interventions. The inflammatory process often develops in one of the anal crypts (a small depression at the junction of the anal canal and the rectum). Then, through the ducts of the anal glands, the infection penetrates into the perirectal cellular space, from where it can spread to the adjacent cellular spaces, the upper pelvic cavity, and the perineum with late or insufficient treatment. After spontaneous or surgical drainage of formed abscesses, there is a risk of rectal fistulas. The disease goes into a chronic stage. This situation can be caused by a number of factors:

- anal fissures;
- constipation;
- diarrhea;
- the presence of inflammation of the mucous membrane of the rectum (proctitis);
- digestive dysfunction (intestinal tissue damage due to hard, poorly digestible food particles);
- hemorrhoids.

Under the influence of these factors, the integrity of the tissues is broken, and infectious pathogens from the rectum penetrate almost freely into the soft tissues. As a result, an abscess appears.

Diagnosis of Para proctitis

The initial diagnosis is determined based on the patient's complaints (the patient complains of discomfort and pain in the rectum and anus), proctologist examination and digital rectal examination data. Among the laboratory diagnostic methods, the patient should undergo a general and biochemical blood test, a glucose test, and a general urinalysis. If there is purulent discharge, a small sample is sent for bacteriological examination to identify the pathogen and evaluate its

sensitivity to antibiotics. To confirm the diagnosis, the patient undergoes instrumental examinations:

- ultrasound examination of the perianal area;
- anoscopy (intestinal mucosa examination);
- rectoromano - and colonoscopy (assessment of the condition of the large intestine);
- fistulography (x-ray of the fistula with contrast medium);
- CT and MRI.

According to the results of research, the proctologist evaluates the stage of development of the disease and the characteristics of its course. Pathology treatment depends on the diagnosis.

There is surgical treatment of Para proctitis. The only quick and effective way to eliminate Para proctitis is surgery. During the operation, the surgeon opens the abscess, removes pus and washes the cavity with special antiseptic solutions. At the same time, the abscess is drained. In the case of chronic Para proctitis, surgeons perform complex operations, during which the fistulas are cut and the anatomical integrity of the pelvic organs is restored. Operations can be performed under general anesthesia or local anesthesia (depending on the complexity of surgical procedures).

Conservative treatment

After the operation, the patient is prescribed a course of medication. Special ointments are applied to the resulting wounds to prevent the accumulation of pus and to accelerate the tissue healing process. In addition, the patient should undergo a course of antibiotic therapy.

Conclusion

In conclusion, from what has been discussed above on the topic of the subject this can be inferred that the disease has symptoms which can be noticed and diagnosed properly and if on time, it can be easier to eliminate it to some extent.

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