

TREATMENT AND PROGNOSIS OF COMPLICATED FORMS OF ACUTE PARAPROCTITIS

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Abstract. *Paraproctitis is a non-specific purulent inflammatory process of the fatty tissues located around the rectum or anus. Among people, it occurs in 0.5% of people, among people of working age, according to various data, it occurs in 6.1-22.4%. In acute paraproctitis, if the purulent cavity is opened and the internal hole is not eliminated, then 50-100% of these patients develop rectal fistulas. After surgery for rectal fistula, 15-30% of patients have recurrence of the disease, and 5-33% of patients have anal sphincter deficiency.*

Keywords: *prevention of acute paraproctitis, treatment of acute paraproctitis, acute paraproctitis.*

Causes of acute paraproctitis

In the origin and development of paraproctitis, inflammation of the rectum (proctitis) and, as a result, its easy injury plays a big role. Especially in hot climates, eating disorders, eating a lot of spicy food can lead to inflammation of the large intestine (colitis) in general, including the dysfunction of the rectum. But paraproctitis can also occur as a result of other causes of injury to the rectum, that is, surgical and medical procedures, or injury from foreign bodies (fish bones, fruit seeds, etc.). The results of many years of experience and observation show that the beginning of the disease is caused by the microflora passing through the anal crypts on the wall of the rectum, where the anal glands open, and get into the pararectal, that is, the fat tissue around the rectum, begins to develop. According to scientists dealing with this problem, in almost all cases, the internal opening of paraproctitis is in the wall of the rectum, that is, in the anal crypts. So, in the development of acute paraproctitis, "anal crypts" become inflamed and their function is disturbed, which is one of the main reasons.

Types of acute paraproctitis

According to the etiological factor: non-specific; specific; post-traumatic.

According to the location of abscesses, infiltrates: subcutaneous and submucosal; cecum-rectum; pelvis-rectum; behind the rectum.

Symptoms of acute paraproctitis

The disease usually begins acutely, after the prodromal period - in 3 days there is a rise in body temperature, chills, pains in the rectum, which intensify at intervals. The degree of manifestation of these symptoms can be different, it depends on the location of the process, microflora and the resistance of the organism. In some cases, in the clinical course, general signs of intoxication come to the fore, and local symptoms seem to remain behind the scenes. This is often observed when the process develops in the form of phlegmon, and not in the form of a limited abscess in the pararectal fatty tissue. As the process spreads, the general condition of the patient worsens: weakness increases, loss of appetite, tremors in the evenings, strong sweating. When the purulent process is limited, the pain increases and becomes "throbbing". If adequate treatment is not carried out at this time, the abscess may burst into the rectum or out through the skin:

Formation of rectal fistula (85 percent);

Formation of recurrent paraproctitis (7-11 percent);
Spontaneous resolution (4-5 percent).

When the opening of internal purulent paraproctitis ruptures and ruptures at the same time as the purulent process, the pus can burst into the intestine or out, and then heal on its own, which is very rare. In most cases, if the resulting purulent process bursts on its own or is only surgically cut, and the internal hole is not destroyed, it inevitably leads to a rectal fistula.

In this case, the only sign of the disease is the constant pus coming from the external opening of the fistula. In some cases, if the external opening of the fistula is blocked, the body temperature rises again, and the pain increases, and the patient is disturbed. Each time it recurs, new branches of rectal fistula and pus cavities are formed. This, in turn, has a negative effect on the activity of the anal sphincter and can lead to its deficiency.

Treatment of acute paraproctitis

I would like to emphasize that if the operation is performed by a specialist as much as possible, it is possible to prevent the recurrence of paraproctitis or its development into a rectal fistula, as well as the lack of an anal sphincter. It is important to undergo a short and effective preparation before the operation, i.e., antibiotic therapy, cleansing the intestine with an enema, determining the location of pus, and finally determining in which crypt the internal opening is located (anterior, posterior, or adjacent).

The operation is performed with the help of narcosis or lumbar anesthesia. The main task of the surgeon is to make a wide incision of the purulent cavity, to find its internal opening using a special probe and cut it, to clean it with antiseptic and to determine the relationship of the fistula with the anal sphincter. Because the fistula has passed through the intersphincter, transsphincter or extasphincter, in each of them different methods are responsible and every specialist should know it perfectly. If this process is not performed by a qualified professional, it can lead to disability of the patient. In more severe types of paraproctitis (in 50-55 percent of cases), no one has denied even the threading method. When the purulent cavity is located in the retrorectal, pelviorectal or isheorectal areas, its clinical course is more difficult and the surgical procedure is somewhat complicated. The severe form of the above-mentioned disease is located in the purulent pelviorectal area, and if it is not detected in time, without using modern examination methods, it can cause a danger to human life as a result of rupture of the abdominal cavity.

The experience of Uzbek colorectal surgeons has shown that in cases of timely diagnosis and the use of a radical surgical method, patients recover quickly and regain their ability to work. This, in turn, reduces incapacity for work and helps practical medicine from a social point of view.

In case of phlegmon or abscess of the fatty layer around the rectum, it is recommended to open the space by surgery. Usually, the operation is performed under intravenous or spinal anesthesia. Incisions are made 1.5-2 cm from the outer border of the rectum (extreme care is required). Incisions can be radial, arcuate or angular, they should provide drainage of the pararectal space. In addition to emptying the purulent cavity, the destruction of the inside (primary) and hole of paraproctitis prevents the disease from becoming a chronic pain.

In our clinic, the latest high-level techniques are used and quality service is provided. The patient is always under supervision even after discharge.

Prevention of acute paraproctitis

One of the important factors to prevent the disease is proper nutrition. The most important thing is that our daily food contains products rich in vegetable fiber, and it is desirable to have

enough liquid in our daily food. In addition, it is necessary to control a sufficient body weight and not carry heavy loads. Always going to the toilet on time and ensuring that constipation does not occur are also important factors for the prevention of paraproctitis.

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