

## Perianal Problems

### Assumption

The student understands the basic anatomy of the anal canal and rectum, and is familiar with the basics of the mechanism of defecation.

### Goal

The student will be able to describe the diagnosis and management of perianal disease.

### Objectives

By the end of the core surgical clerkship, the student will be able to:

1. Develop a differential diagnosis for a patient with perianal or perirectal pain.
2. Discuss the characteristic history findings for benign and malignant anal pathology.
3. Describe indications for inpatient and outpatient endoscopies (anoscopy versus proctoscopy versus flexible sigmoidoscopy and colonoscopy).

### Problems

Discuss the diagnosis and management of a patient with perirectal pain such as:

1. Proctitis
2. Fissure
3. Thrombosed hemorrhoid
4. Anal cancer
5. Perirectal abscess

### Skills

1. Conduct a focused history and physical examination for perianal complaints.
2. Conduct a thorough and accurate anorectal exam including:
  - a. Inspection
  - b. Palpation
  - c. Internal digital exam
  - d. Endoscopies (anoscopy)

### Teaching Hints

Discuss diagnosis and treatment plan for each of the following:

1. External and internal hemorrhoids
2. Anal fissure
3. Peri-rectal abscess
4. Proctitis
5. Advanced condyloma disease
6. Pilonidal disease
7. Fistula-in-ano
8. Anorectal cancer

### Prevention

Discuss the following aspects of prevention:

1. Safe sex
2. Hygiene
3. Diabetics to maintain good glucose control
4. Avoidance of straining and constipation or diarrhea

**Perianal Problems** (continued)

**Special Considerations**

Discuss special considerations in perianal problems include:

1. The need to assess for sexual abuse in children with herpetic lesions or condylomatous disease.
2. HIV patients need close surveillance if found with condylomatous disease. Some physicians are proponents of anal pap smears.
3. If fissure is wide, not painful to palpation, or in the lateral aspect of the anus, then consider Crohn's, AIDS, or STDs.
4. For frequent abscesses in different locations, consider Crohn's, hidradenitis, or recurrence of an inadequately drained abscess or a fistula.
5. Inadequately treated infection may lead to Fournier's gangrene.
6. Consider testing for HIV.