



# GHAPP

Gastroenterology & Hepatology  
Advanced Practice Providers

**2020 Third Annual National Conference**

**November 19-21, 2020**

Red Rock Hotel – Las Vegas, NV



**GHAPP**

Gastroenterology & Hepatology  
Advanced Practice Providers

# Perianal Disease: Diagnosis and Management

Jamie Thale Brogan, APRN

Northwestern Medicine

Chicago, IL

# Disclosures

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# Disclosures

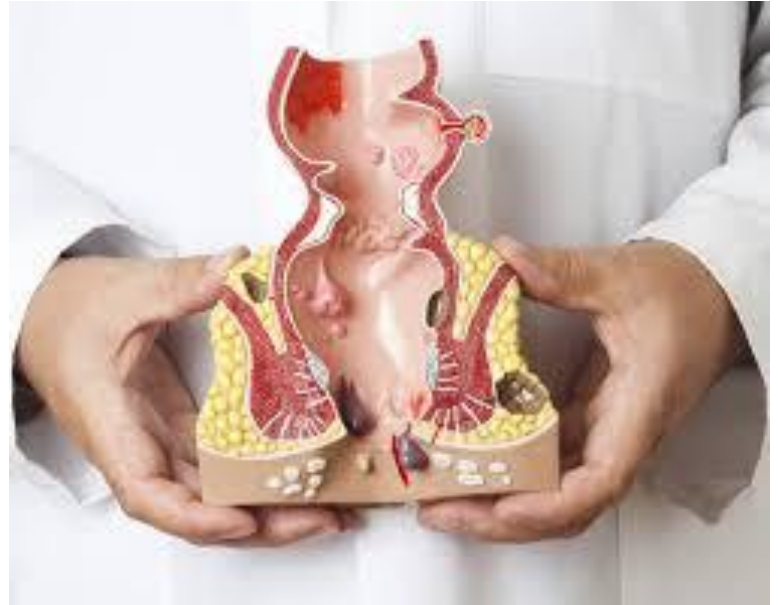
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Jamie Thale Brogan, APRN

Speakers Bureau: AbbVie, Clinical Area- IBD

# Perianal Disease

- **Perianal disease** is the term for complications that occur in the rectum or anus



# Examples of Perianal Disease

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- Fissure
- Hemorrhoid
- Fistula
- Anal or perianal abscess
- Anal tumor
- Anal HPV
- Hidradenitits suppurativa
- Congenital lesions
- Anal warts

# Risks for Perianal Disease

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- IBS
- IBD
- Pregnancy
- Colorectal/anal cancers (current or previously treated)
- Constipation
- Anal trauma

# Subjective

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- Brbpr (addressed by Amy)
- Pain (range, function effects i.e., inability to sit, pain w/ bm, pain after bm, quality of pain such as tearing or stinging pain, throbbing, sharp, constant vs intermittent, onset)
- Lump
- Drainage
- Fever/chills

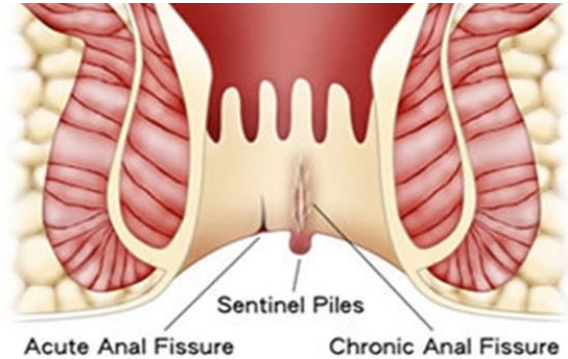


# Objective

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- External exam
- DRE
- Imaging
- EUA (exam under anesthesia)
- Endoscopy (colonoscopy or flex sig)

# Chronic vs Acute Anal Fissure



**CP:** sharp/glass cutting pain with defecation associated with BRB with wiping. Chronic fissures can be painless

**RF:** constipation, IBD

**Rx:** treat constipation, topical vasodilator/lidocaine, Sitz baths, non alcohol-based wipes, barrier ointment, for dry skin consider petroleum-based lotion

***Easily misdiagnosed as hemorrhoids. Avoid hydrocortisone!***

**Chronic fissures:** if fails conservative therapy consider flex sig vs colonoscopy to assess for IBD, and consider referral to colorectal surgery (ie, Botox injection, fissurectomy)



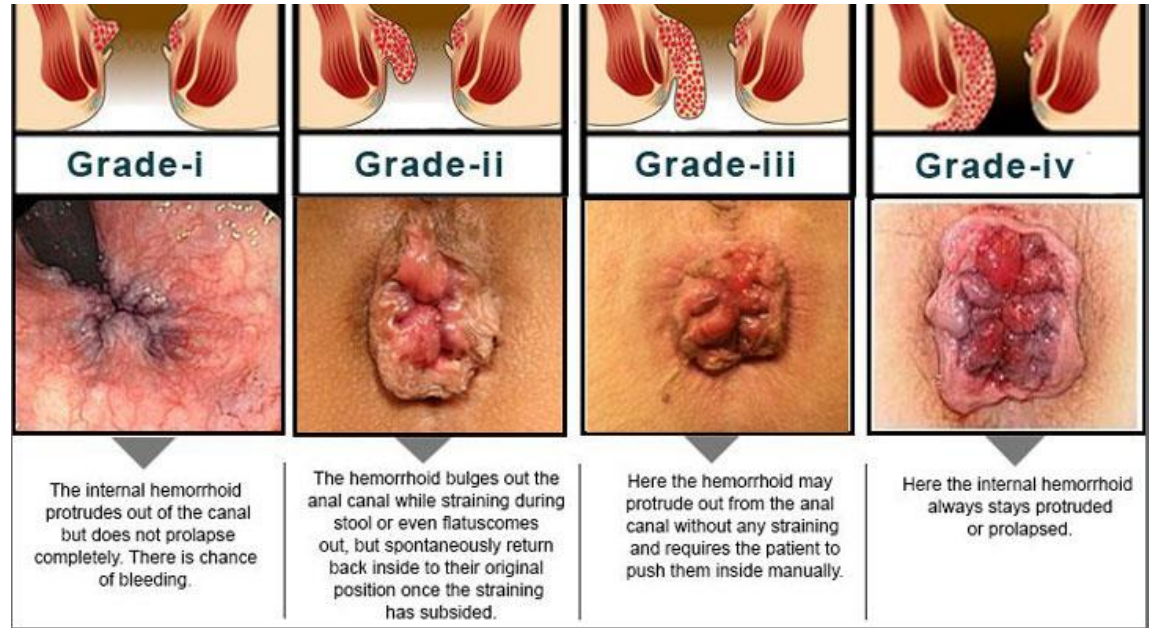
# Internal Hemorrhoids

**Etiology:** arise from a cushion (plexus) of dilated AV channels and connective tissues. IHs from superior hemorrhoid plexus. EHs from inferior hemorrhoid plexus.

**Location:** proximal to the dentate line

**CP:** Painless BRBPR w/BMs, blood coats stools at end of defecation. Blood may drip into the toilet or stain toilet paper, or appear in underwear following defecation

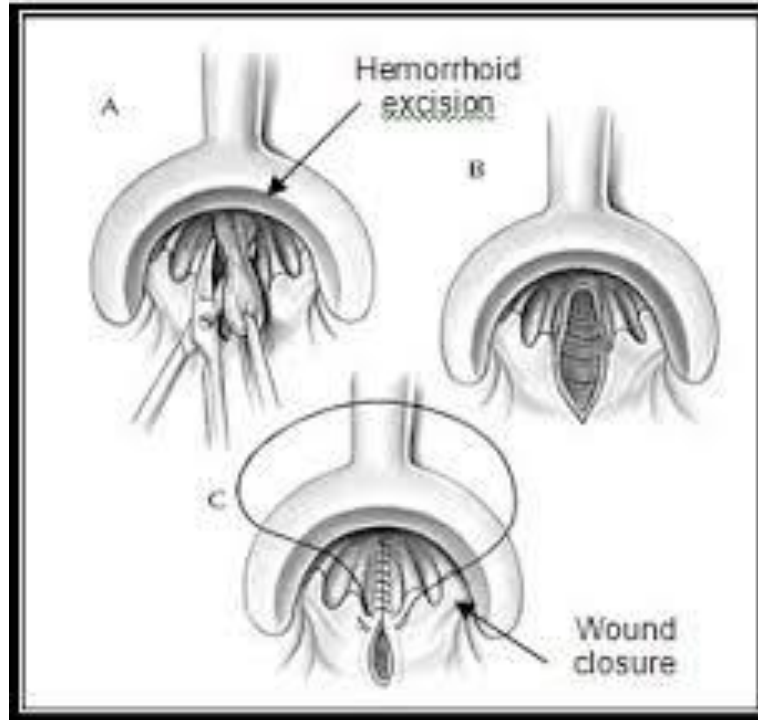
**Rx:** treat constipation, avoid straining, banding, sclerotherapy, hemorrhoidectomy



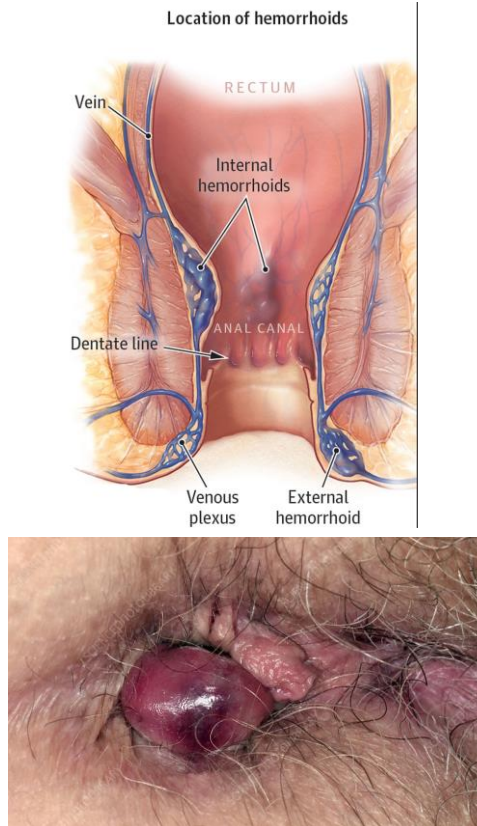
# Banding



# Hemorrhoidectomy



# External Hemorrhoids



- **CP:** Scant BRB with wiping, burning pain
- **RF:** Constipation, pregnancy, diarrhea, obese, anal intercourse, straining during BM
- **Thrombosed**
  - Acute pain
  - Can spontaneously release
  - < 48-72 hrs – Can excise
  - > 48-72 hrs – Conservative treatment
- **Non thrombosed**
  - Conservative Rx: treat constipation, Sitz baths, non alcohol based rectal wipes, hydrocortisone cream (up to 10-14 days)

# Anorectal Abscess & Anal Fistula

**Abscess:** obstructed anal crypt gland at level of dentate line with pus collection in the subcutaneous tissue, intersphincteric plane, or beyond

**Fistula** (aka fistula-in-ano):

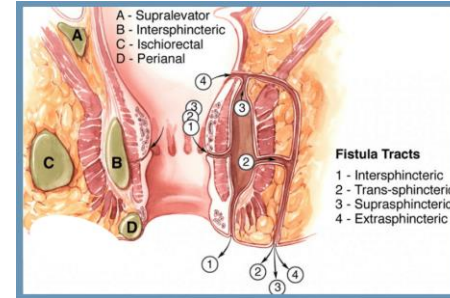
- 30-70% of anorectal abscesses are associated with an anorectal fistula, and 30-40% develop after abscess excision/drainage
- Intersphincteric and transsphincteric are most common

**Symptoms:**

- Abscess: acute pain and swelling prior to developing external communication
- Fistula severe pain improves with development of fistula. Constant wetness in underpants, malodorous purulent drainage, blood stools, high grade fever, bowel incontinence if fistula goes into anal sphincter

**Epidemiology:** mean age is 40, men 2x > women

**RF:** chronic constipation, IBS, obstetric injury, radiation proctitis, rectal foreign bodies, infectious diseases, malignancy



**PE:** Superficial abscesses: fluctuance or a path of erythematous indurated skin overlying the perianal skin. Deeper abscesses may be felt on DRE or round or observed on imaging (CT, MR, endoanal US)

**Dx:** PE, MRI or US for internal findings

*Clin Colon Rectal Surg.* 2011;24(1):14-21.

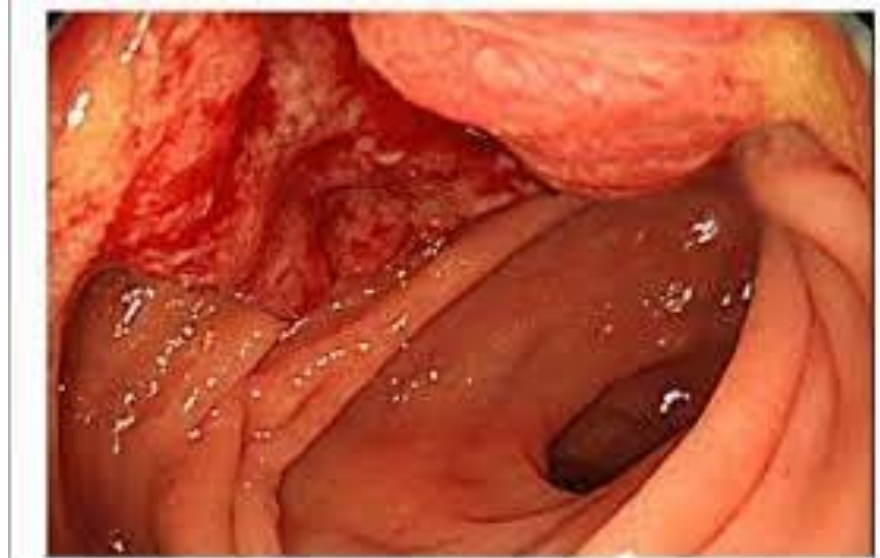
Images. 1. <https://springfieldwellnesscentre.com/treatments/surgical-gastro-surgery-in-chennai/anal-fistula/>; 2. <https://iran-colorectal.com/what-is-perianal-fistula/?lang=en>; 3. <https://teachmesurgery.com/general/anorectal/abscess/>

# EUA

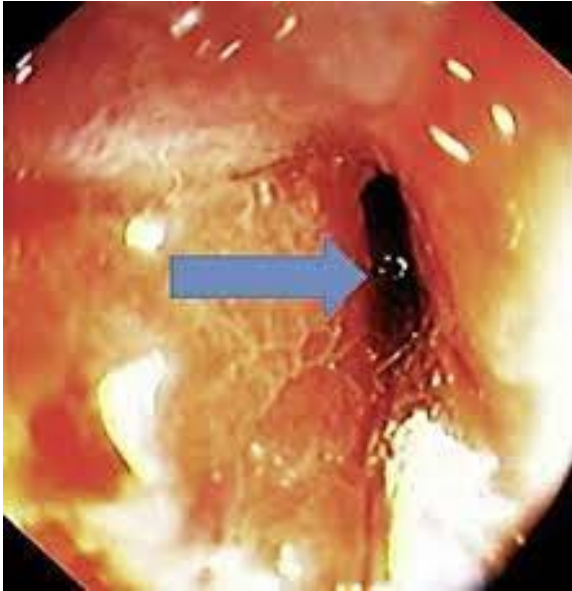




# Endoscopy



# Endoscopy

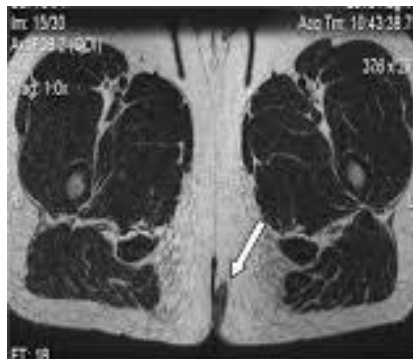


# Imaging, Which One to Choose:

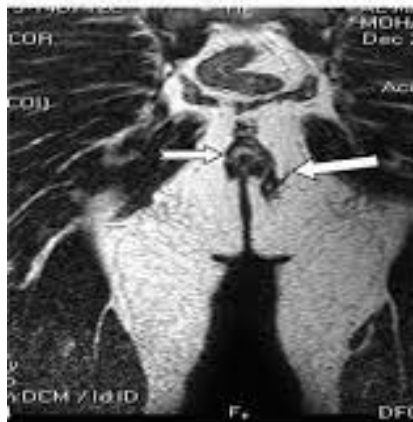
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- Fistulography
- Computed Tomography
- Magnetic resonance imaging (MRI) with or without enterography
- Endosonography

# MRI



A

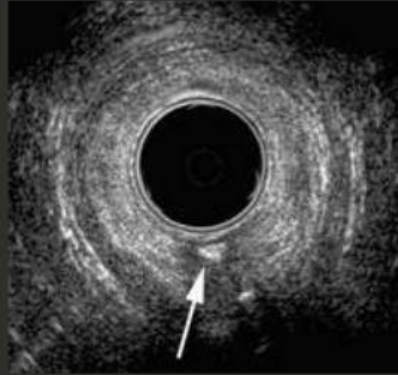


B

# MRI



# EUS



After administration of peroxide, EUS scan shows immediate extension to the anal lumen, below the level of the internal anal sphincter (arrow).

Dr Ahmed Esawy

Thank You!

