

تبييض سمينار

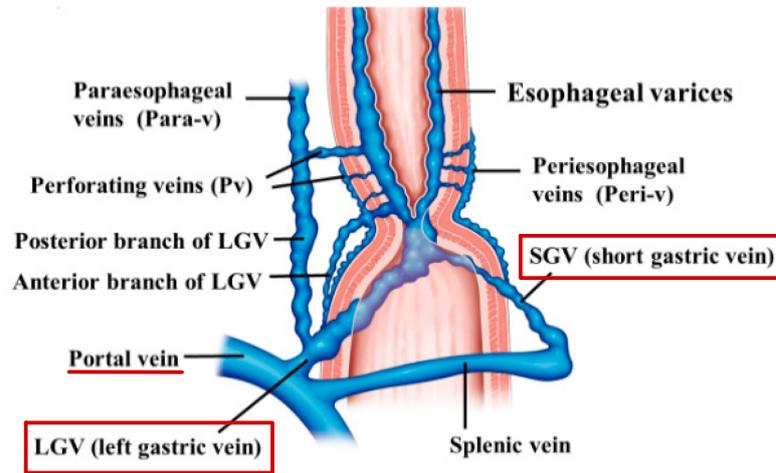
Anal conditions

Group A & B



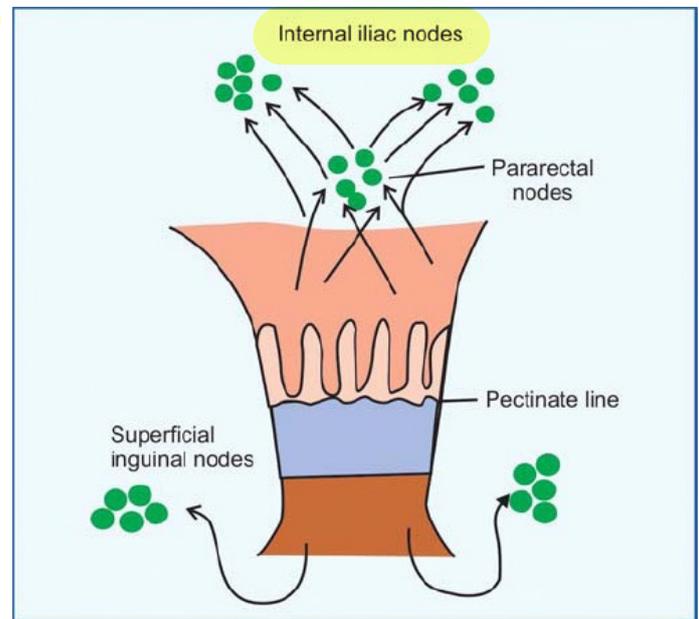
The most common site in porto-systemic shunt Where varices more occur in

→ Esophageal [[between left gastric (coronary) vein (from portal) & short gastric veins to distal oesophageal veins (azygos system)]]



In the lymphatic drainage of anal canal :
To the internal iliac lymph nodes
Above dentate line

Nerve supply for above dentate line :
JUST visceral (sensitive to stretch)
, so that any condition here will not be painful as the below of dentate line



Embryologically :

▼ above dentate line : from hindgut of endoderm , lined by simple columnar epithelial cells

▼ below dentate line : ectodermal proctodeum , lined by stratified squamous epithelial cells

- intersphincteric space (cryptoglandular) → source of abscess in this space

* most common cause for anorectal abscess → primary → **Crypto-glandular**

* ischiorectal abscess in local examination may appear on surface if it's **very LARGE**

* in supralelevator abscess → **the pain was in pelvic**

Whenever we go above → we should found secondary cause

secondary كل ما كان الألم لفوق أكثر ، بصير بفكر بسبب

* we expect to have **secondary cause** in **perianal abscess** → if there is :

^ constitutional symptoms (fever, anorexia, malaise, headache, and myalgia)

^ sever abscess

^ wt. loss

^ chronic pain

If we use needle for abscess drainage and don't find anything , what is the cause ?? شو التفسير ,,

Thick pus

* fistula : opening between two epithelial surfaces (mucosal cells)

* sinus : opening from the cavity to skin

* Amaurosis fugax : loss of vision العمى الفجائي

Treatment for irritable bowel syndrome is serotonin reuptake inhibitors (antidepressant)

* cushions : maintain the continence

* hemorrhoids may appear more in female cause of pregnancy (increase intra-abdominal pressure)

* how we treat **thrombosis** of hemorrhoids ?

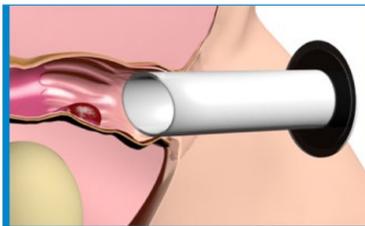
By :: sphincter relax (warm sitz bath ,, nitro-glycerin,, Botox injection) , pain killers , stool softener

In thrombosis there is no need for antibiotics because it is an inflammation - not infection -

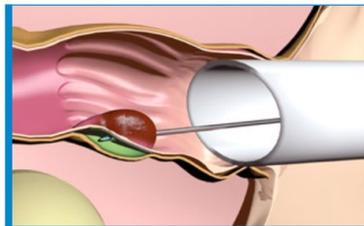
If thrombosis PERSISTS → we do hemorrhoidectomy

*** The Rafaelo procedure ::

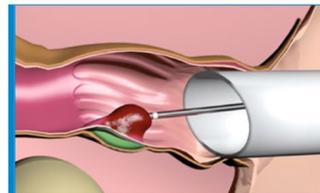
(Radio Frequency Ablation of Hemorrhoids under Local Anesthetic)
is a surgical procedure used to treat internal hemorrhoids using radiofrequency ablation



1 Insert the anoscope into the patient's rectum to locate the haemorrhoid to be treated.

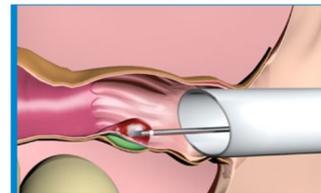


2 Inject a local anaesthetic with a syringe into the submucosal layer of the haemorrhoid. It forms a barrier that protects the muscle below the haemorrhoid.



3 Insert the HPR45i probe into the haemorrhoid above the dentate line and, using the foot pedal, apply the radiofrequency energy. The haemorrhoid will react by contracting and by whitening. It will also harden.

For larger piles, manoeuvre the probe to spread the heat internally.



4 Then apply the radiofrequency energy to the surface of the haemorrhoid, scarring it. Cool the haemorrhoid with a compress soaked in cold saline to halt the heating process.

* 90% of water absorbed in **colon**

* 90% of cases the fissure occurs in the **midline posteriorly**

* pathophysiology : (حلقة مغلقة)

hard stool → trauma → fissure → contraction of the sphincter (spasm)

* hemorrhoids : باصور

* fistula : ناسور

* fissure : شق ، جرح

** كيف يبجي المريض :

Severe pain (during or after defecation) , maybe bloody (fresh , not mixed < on the surface >))

Sentinel Pyle : الحارس

* base of chronic anal fissure : **white** (cause of fibrosis & muscle fibers of anal sphincter are white)

* base of acute anal fissure : **red**