PARAPROCTITIS

Paraproctitis (pararectal abscess) - acute or chronic inflammation of the pararectal tissue.

Etiology and pathogenesis. Paraproctitis occurs as a result of penetration of the microflora into the pararectal fat. Microbes enter the pararectal tissue from the anal glands opening into the anal sinuses. In the inflammatory process in the anal gland, its duct is blocked, and an abscess is formed in the intersphincteric space, which breaks into the perianal or pararectal space. Lymphogenous pathway is also possible.

Risk factors:
1. trauma of the rectal mucosa;
2. foreign bodies contained in feces;
3. hemorrhoids;
4. anal fissures;
5. nonspecific ulcerative colitis;
6. Crohn's disease;
7. immunodeficiency states.

Paraproctitis can be secondary - in the spread of the inflammatory process to pararectal tissue from the prostate gland, the urethra, the female genital organs.

Classification of paraproctitis:
I. Acute paraproctitis.
1. By the etiological principle: normal, anaerobic, specific, traumatic.
2. By localization of abscesses (infiltrates, swells): subcutaneous, ischiorectal, submucosal, pelviorectal, retrorectal.
II. Chronic paraproctitis (fistulas of the rectum).
1. By anatomical sign: complete, incomplete, external, internal.
2. By the location of the internal fistula opening: anterior, posterior, lateral.
3. With respect to the fistulous pathway to the sphincter fibers: intrasphinctory, transsphinctorial, extrasphinctorial.
4. In terms of complexity: simple, complex.

ACUTE PARAPROCTITIS

Clinical picture. Manifested:
- rather intense pain in the rectum or perineum;
- increased body temperature, accompanied by chills;
- a feeling of malaise;
- weakness;
- headaches;
• insomnia;
• loss of appetite;
• intoxication (in a case of extensive phlegmon).