





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
{مَا تَوْفِيقِي إِلَّا بِاللَّهِ عَلَيْهِ تَوَكَّلْتُ وَإِلَيْهِ أُنِيبُ}

@PEARLA0203

Anorectal injuries; management outcomes and prognostic factors

Prepared by/
Abdullah Atyah Ali
Assistant lecturer of general surgery

Introduction

- * *Injuries to the anus and rectum are common surgical problems.*
- * *Injuries of the anorectum had a fatality about 90% during the American Civil War.*
- * *Nowadays mortality rate (3-6%).*
- * *Because of the risk of incontinence & anal stenosis following anorectal injury, appropriate treatment should be done.*

* Fargo et al, 2012

- * However optimal management of anorectal injuries is still a matter of dilemma and debate.*
 - * Anorectal injuries may vary from minimal laceration to avulsion and may be extra and intraperitoneal.*
- * Samuk et al, 2015*

The most important factors to determine treatment

- * general physical condition
- * Mechanism of the injury
- * The interval between the injury and operative intervention
- * Shock or hemodynamic instability
- * Peritoneal contamination
- * Injury or avulsion of the mesentery of the rectum
- * Multiple organ injury
- * Site of the injury
- * Degree and grade of injury
- * Sphincter affection

objectives

- * This report reviews the experience in managing these types of injuries in Sohag University Hospitals*
- * Provides recommendations for proper management*

Study design and population

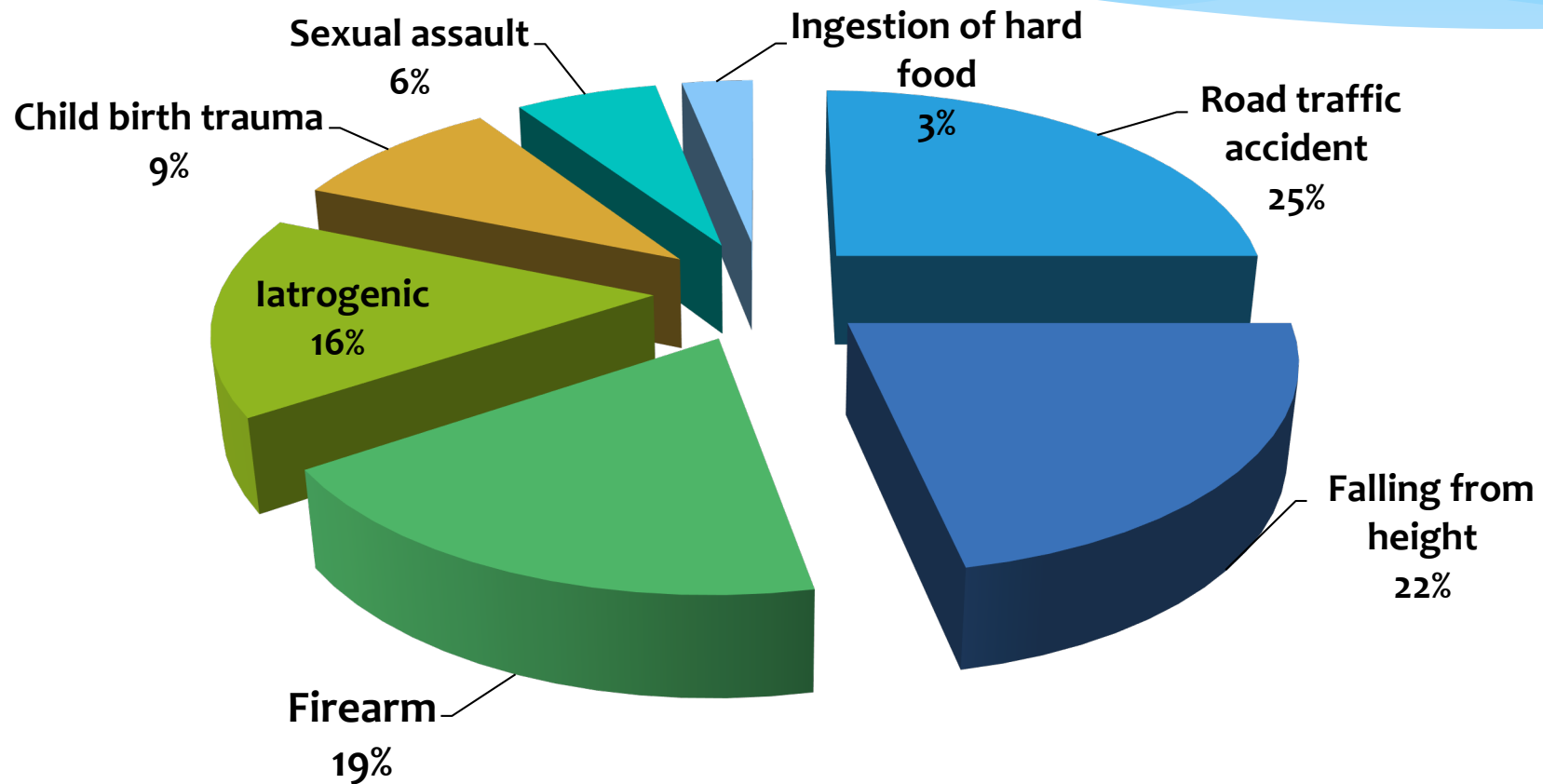
- * Prospective study for anorectal injuries patients*
- * 32 patients*
- * At Sohag University Hospitals*
- * Period between October 2016 and October 2017,*
- * At least 3 months follow-up*
- * Data collected and statistical analysis was done by SPSS 22 and Excel 2010.*

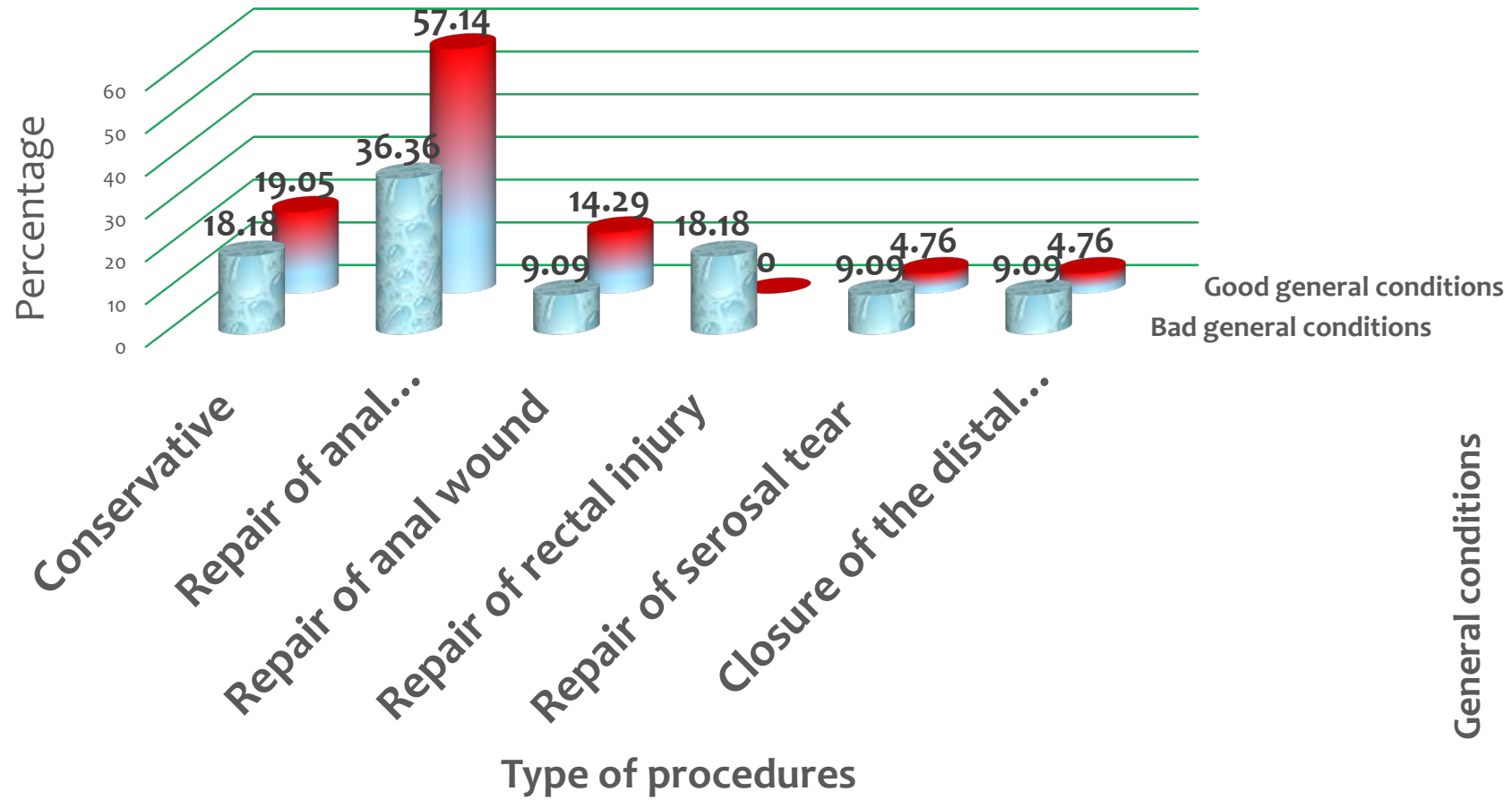
Outcomes

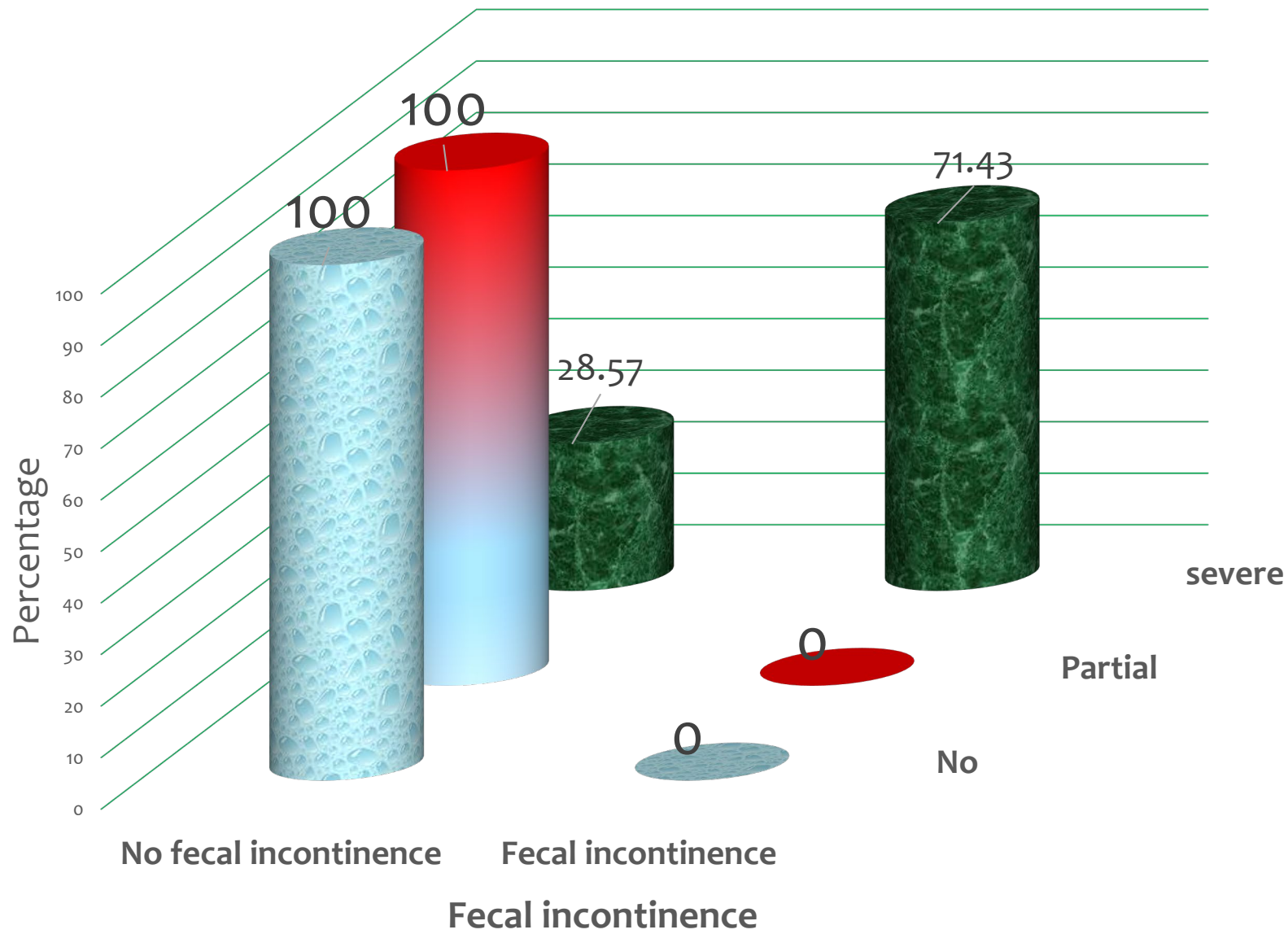
- * *Etiology.*
- * *Severity.*
- * *Mode of trauma.*
- * *Type of anorectal injuries.*
- * *Management outcomes (infection, healing, faecal incontinence, survival and faecal fistula).*

Results

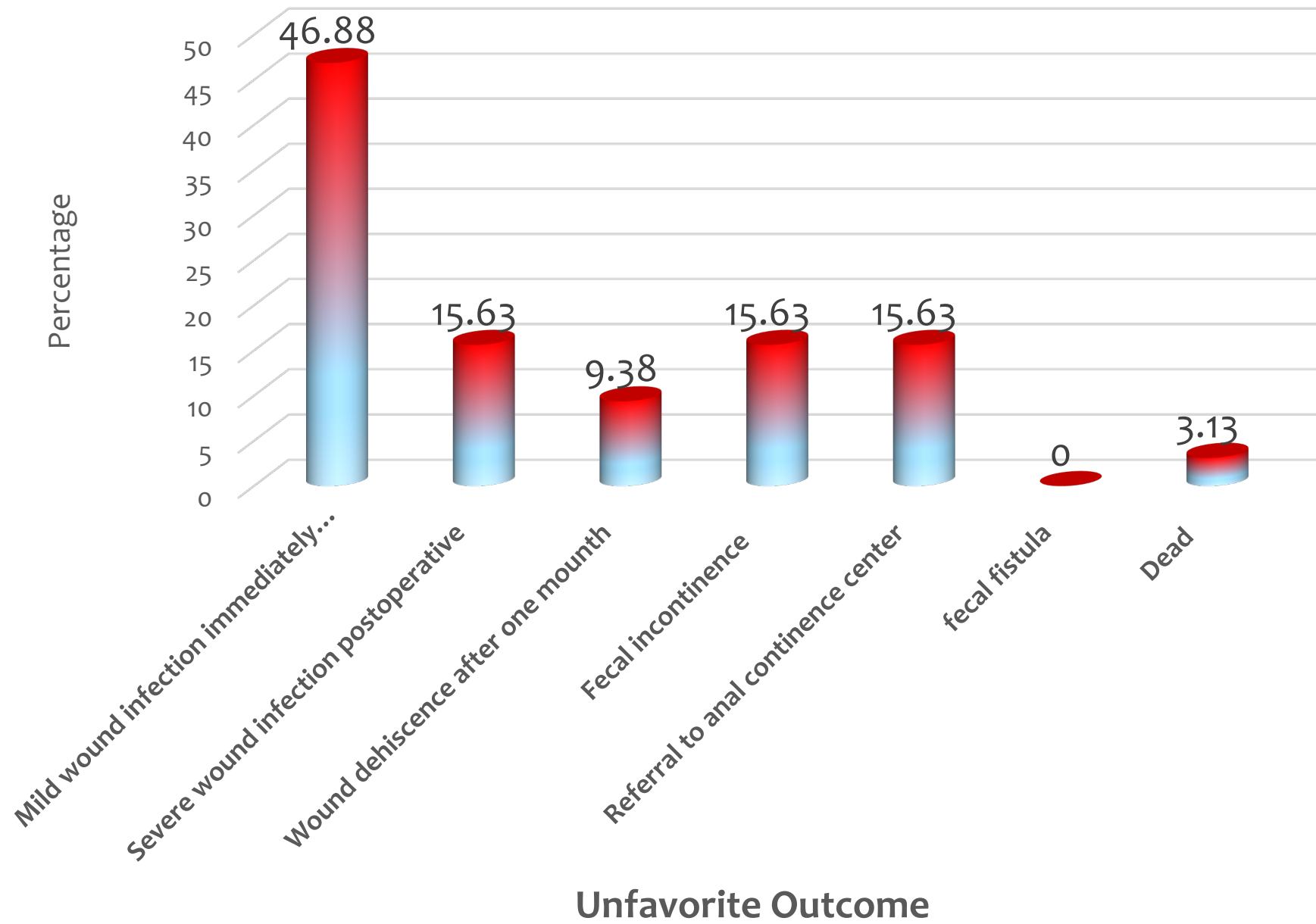
* As regard the etiology







Sphincter affection





Case presentation: female patient 4 years falling from height on sharp object with marked injury to the anal sphincter with vaginal and perineal injuryrepair + pelvic loop colostomy closure 2 months



One week post op.




1 month later



4-month picture
no incontinence



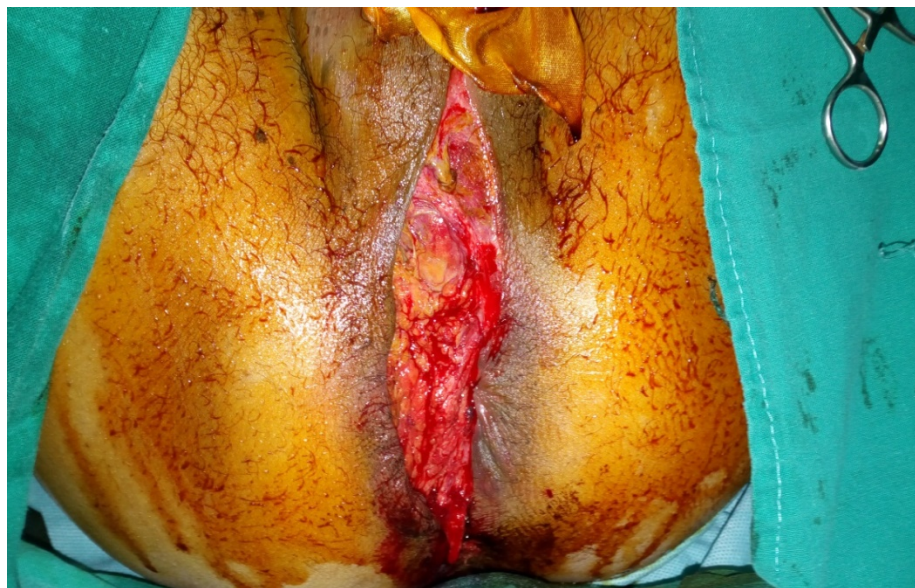
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- * Case presentation(2):
 - * **Male child 4 years,**
 - * **Polytraumatized; RTA**
 - * **Anorectal injury & massive destruction to anal sphincter with perineal, gluteal, groin, and scrotum**
 - * **Fracture pelvis**
 - * **Repair + pelvic loop colostomy**
 - * **Faecal incontinence..... Anal continence center**





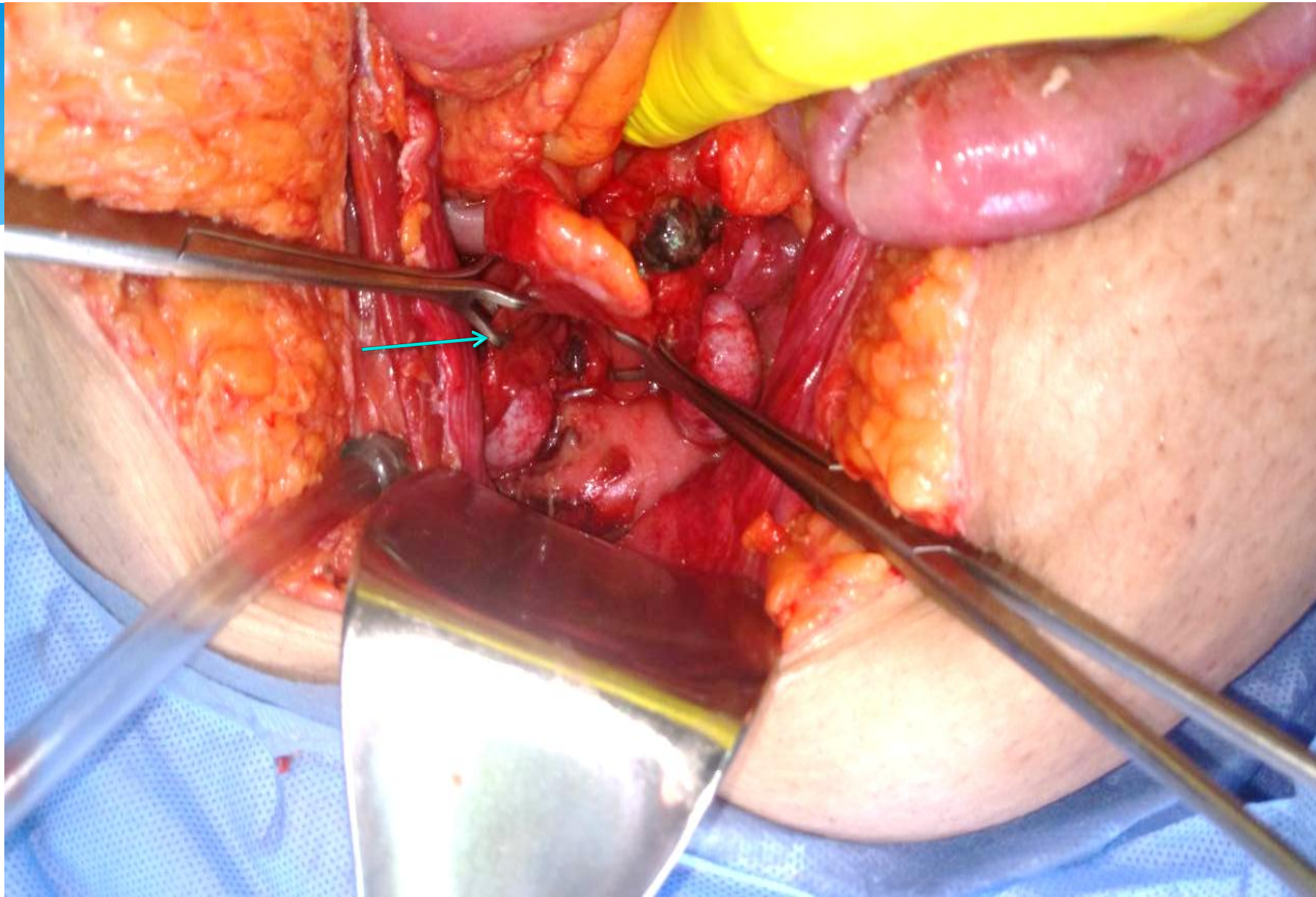


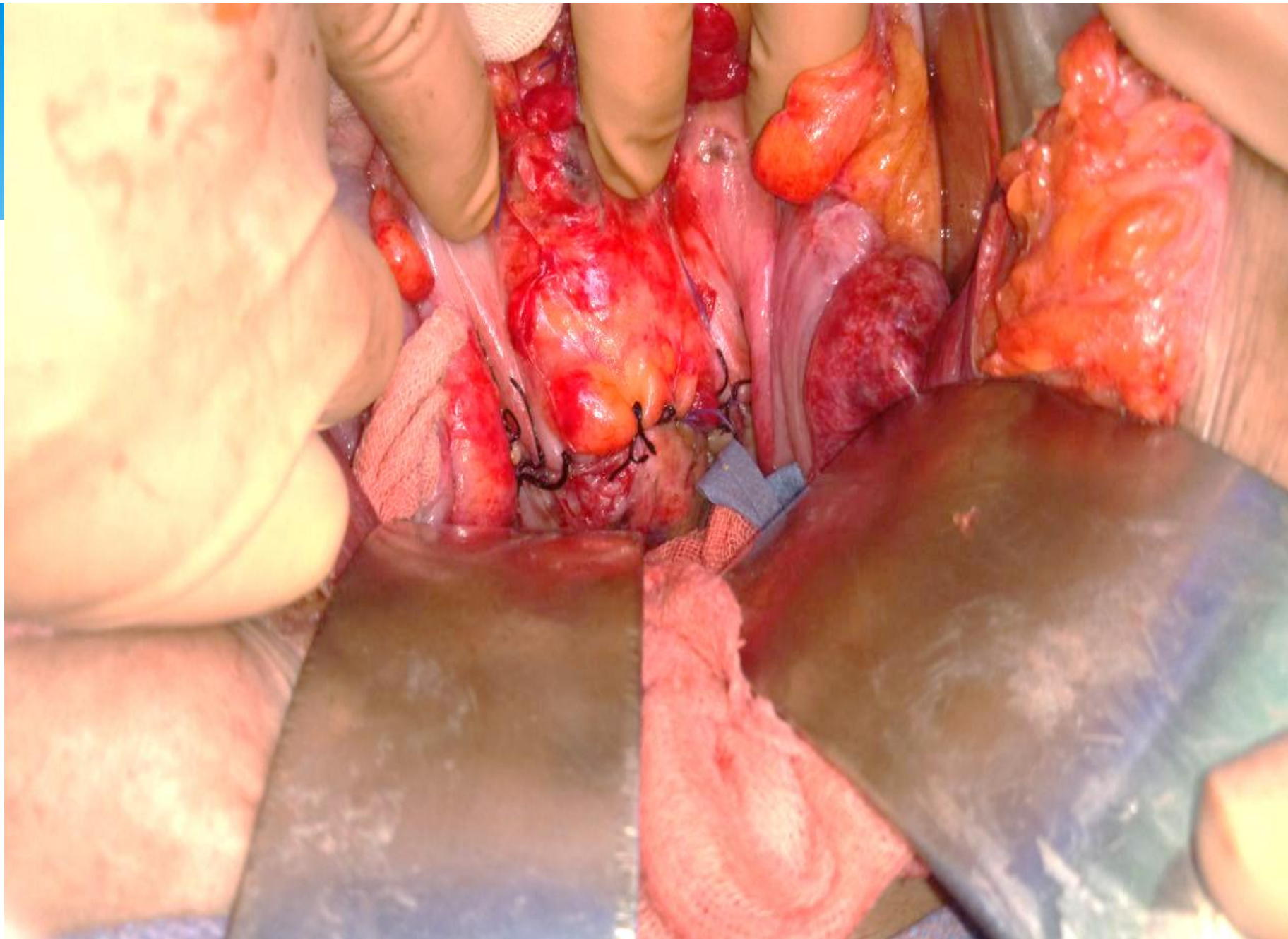
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- * Case presentation(3):
 - * **Male , 35 years ,RTA**
 - * **Anorectal injury with partial injury to the anal sphincter with perineal injury**
 - * **Repair + rectal tube**




Case presentation(4):

- * **Female**
- * **35 years,**
- * **Iatrogenic D&C**
- * **Full thickness less than 25 % circumference antimesenteric rectal injury**
- * **Repair**





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- * Case presentation (5):
 - * **Male**
 - * **22 years , RTA**
 - * **Anorectal injury with massive anal sphincter destruction**
 - * **Repair + pelvic loop colostomy.**






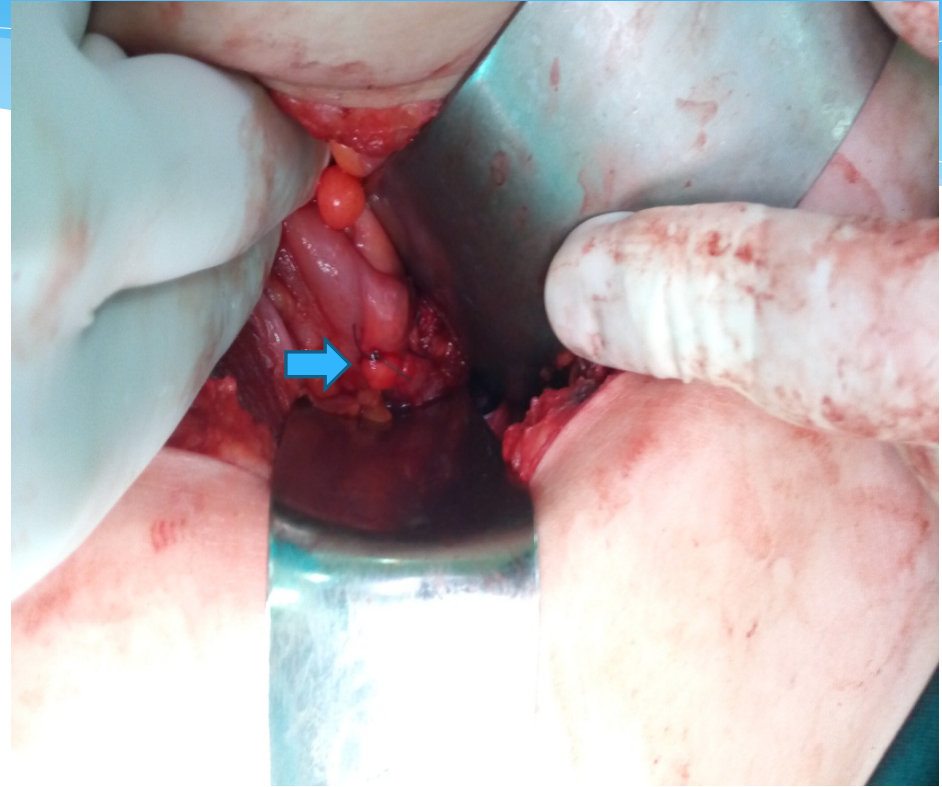
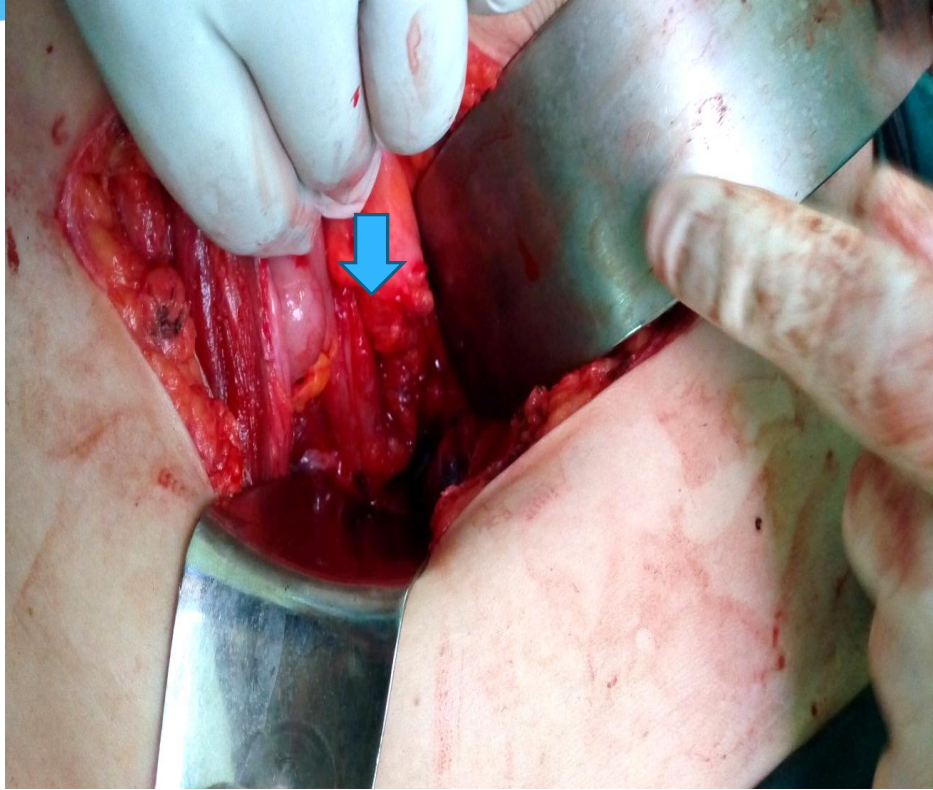



Case presentation (6)

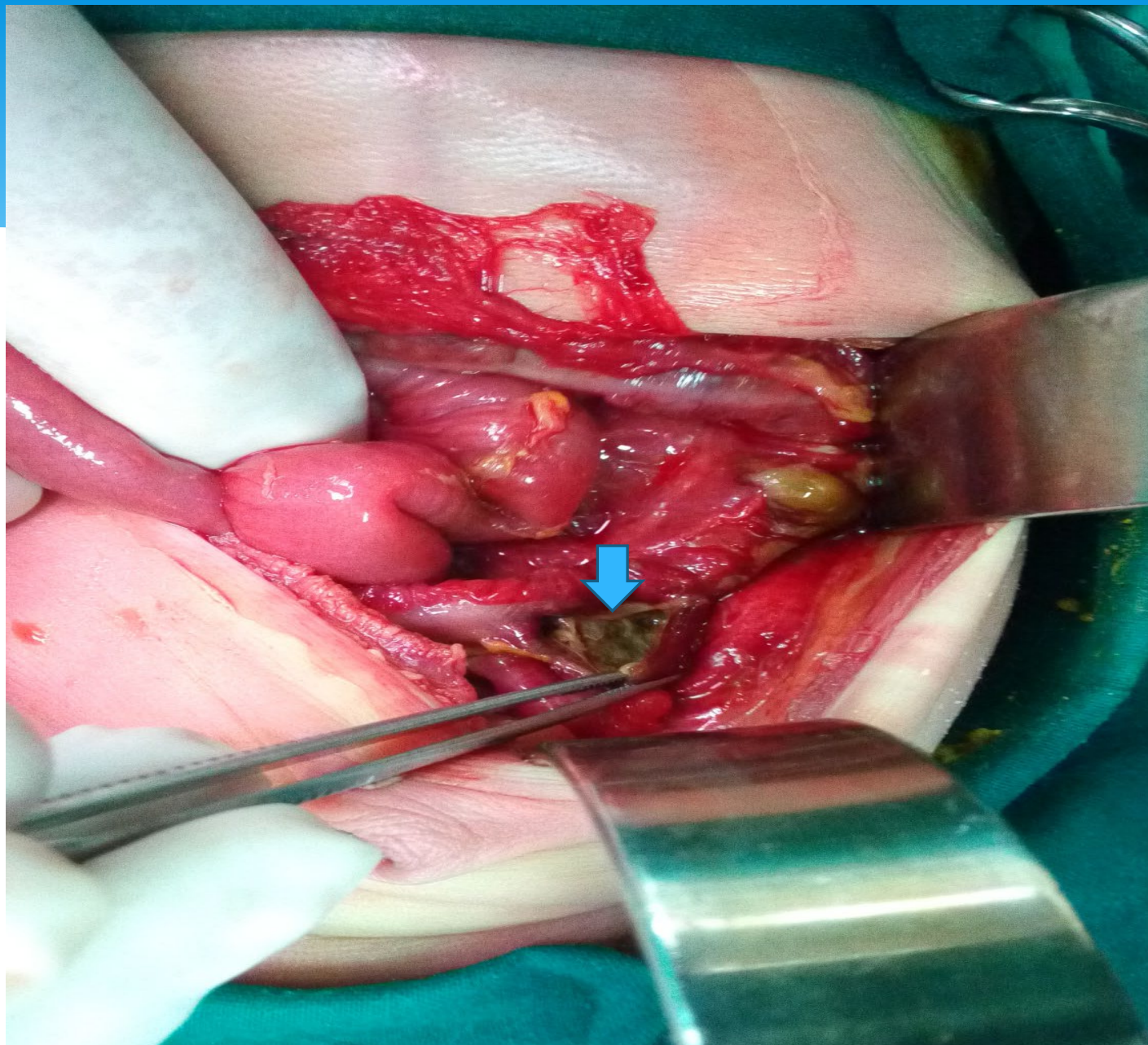
- * **Male**
- * **4 years,**
- * **Anorectal injury with no anal sphincter injury due to falling on sharp object.**
- * **Repair**



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- * Case presentation (7):
 - * **Female**
 - * **35 years,**
 - * **Iatrogenic rectal injury**
 - * **During excision of broad ligament fibroid**
 - * **Repair**



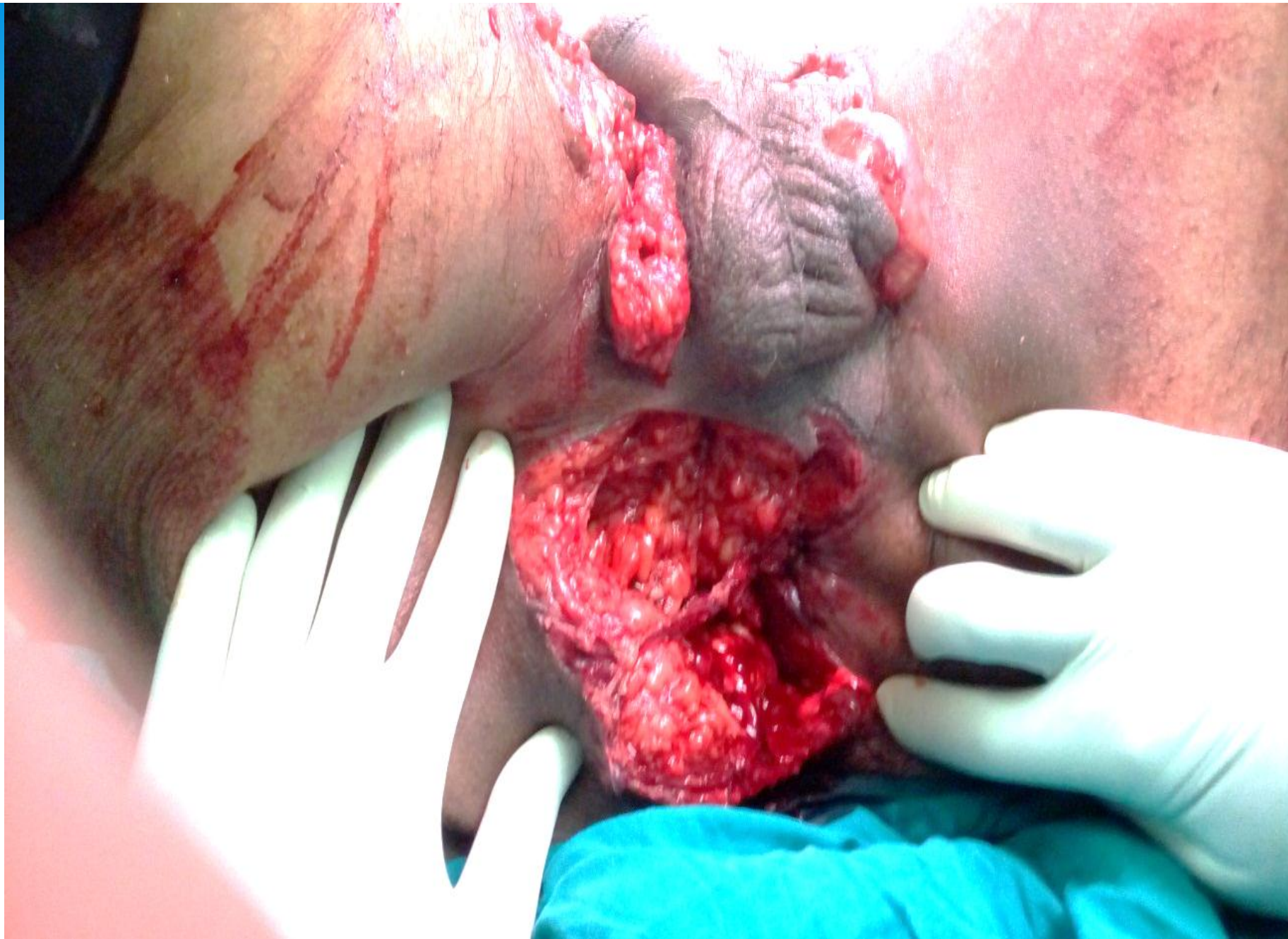
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- * Case presentation (8):
 - * Male neonate
 - * 20 days age diagnosed clinically as HSD
 - * Iatrogenic full thickness rectal laceration with mesenteric affection
 - * By rectal tube in wash
 - * Hartmann's procedure



- * Case presentation (9):
- * **Male, 26 years, RTA**
- * **Heamothorax**
- * **Massive degloved skin over the chest, abdomen, scrotum, penis, right thigh and perineum**
- * **Anorectal injury**
- * **Massive anal sphincter destruction**
- * **Perineal, gluteal, groin, and scrotal injury**














Conclusion

- * Early management results in good prognosis and this is extremely important in lowering the mortality and morbidity.
- * Advanced Trauma Life Support (ATLS) principles should be applied for all anorectal injuries.

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- * Based on our review, primary repair with diverting colostomy in patients with destructive anorectal injuries.
 - * Patients with an isolated intraperitoneal rectal injury or injury to the anus without significant soft tissue loss or sphincter destruction may not need a colostomy

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- * Management should be individually managed in a separable maneuver with patient variation.
 - * Laparoscopy in selected cases better to be done to exclude intraperitoneal rectal injury in suspected cases and preferred than laparotomy.

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- * We recommend further studies with large numbers are necessary to identify modifiable factors to improve morbidity after traumatic anorectal injuries.
 - * Raising campaigns to educate people about accidents and their catastrophes is essential as prevention is better than cure.

Special thanks



References

- * Fargo, Matthew V., and Kelly M. Latimer. "Evaluation and management of common anorectal conditions." *American family physician* 85.6 (2012).
- * Samuk, Inbal, et al. "Anorectal injuries in children: a 20-year experience in two centers." *Pediatric surgery international* 31.9 (2015): 815-819.
- * Kim, Min Ju. "Transrectal ultrasonography of anorectal diseases: advantages and disadvantages." *Ultrasonography* 34.1 (2015): 19.