

Case 74

Another painful mass at the anal verge



Figure 74.1

This patient, a 30-year-old female office worker, hobbled into the Emergency Department complaining of an acutely painful 'attack of piles'. She said that she had been perfectly well, with no anal problems until the evening before when a very painful lump had suddenly appeared at the anal verge as she was straining to pass a constipated stool. She had been up all night because of the pain.

What condition is shown in Fig. 74.1?

A perianal haematoma.

What produces this pathology?

Rupture of a tributary of one of the inferior rectal veins, usually as a result, as in this case, of straining at stool.



Figure 74.2 Following incision, the perianal lesion reveals its contents (see text).

Why is this condition so painful?

The lower anal canal and the anal verge are richly supplied with somatic innervation (the inferior rectal branch of the pudendal nerve S2, S3 and S4) and is sensitive to severe stretching. This is also the basis of the pain experienced in strangulated haemorrhoids (see Case 73, p. 147) and fissure in ano (see Case 75, p. 150)

How did the surgeon immediately relieve the patient's agony?

He injected a little local anaesthetic into the skin over the mass and nicked the lump with the tip of the scalpel. This released the clot, as shown in Fig. 74.2. Any residual clot was then wiped away and a pad dressing applied. This is

one of the most dramatic, satisfying and pain-relieving minor operations in the whole repertoire of surgery!

Left untreated, what may happen?

Quite often the haematoma ruptures spontaneously; it may be necessary to just evacuate any residual clot. Small haematomas may slowly absorb, usually leaving a residual skin tag.

Having evacuated the clot, what is the follow-up management of this patient?

A dressing is applied – more to protect the patient’s under clothes than anything else – and hot baths prescribed. The small wound rapidly heals over the next few days.