

Case 76 A very painful buttock



Figure 76.1

A 30-year-old man, a heavy-lorry driver, presented with an intensely painful, swollen, left buttock that had progressively got worse over the last 4 days. He did not feel at all well – hot and sweaty and completely off this food.

On examination in the Emergency Department he looked ill, his temperature was 38.5°C and pulse 100 beats/min. Inspection of the perineum revealed the appearance seen in Fig. 76.1 (taken with the patient anaesthetized in the operating theatre).

What is this condition called and what is its precise anatomical location?

A perianal abscess situated in the ischio-anal fossa. This fossa is bounded laterally by the fascia over the obturator internus (i.e. the side wall of the pelvis), medially by the external anal sphincter and the fascia covering the levator ani, anteriorly by the urogenital perineum, and posteriorly by the sacrotuberous ligament covered behind by the gluteus maximus. The floor of the fossa is perianal skin and subcutaneous fat and the fossa itself is filled with fat (Fig. 76.2).

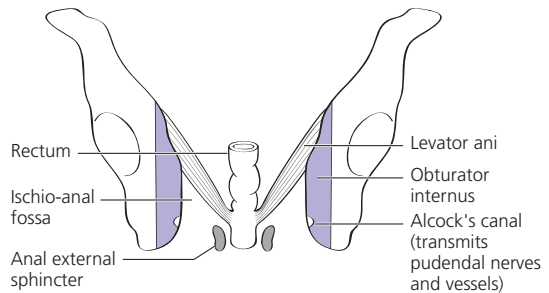


Figure 76.2 The ischio-anal fossa.

Until quite recently this clinically important space was called the 'ischio-rectal fossa' and the abscess called an 'ischio-rectal abscess.' It will be seen from this diagram that both these terms are misnomers.

What is the definition of an abscess?

An abscess is a localized collection of pus. Pus itself is defined as 'living and dead white cells – usually polymorphs – usually, but not always, with living and dead bacteria.' Occasionally pus may be sterile.

What are the classical four features of an abscess?

These were described by Celsus as long ago as the first century AD – pain, heat, swelling and redness (in Latin as *dolor, calor, tumor* and *rubor*).

How does infection reach the ischio-anal fossa?

There are four possible routes of entry:

- *Perianal*: From an infected hair follicle, sebaceous gland or perianal haematoma (see Case 74, p. 148). This is usually a relatively superficial infection.

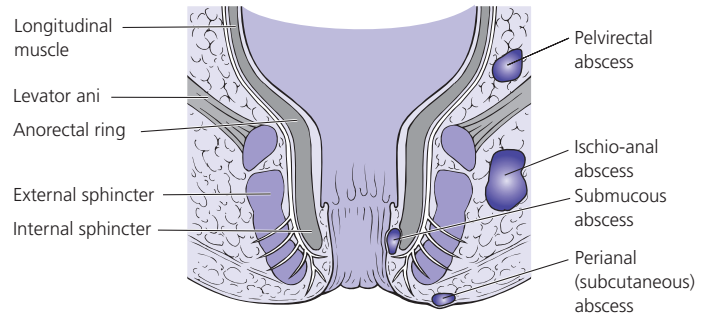


Figure 76.3 The anatomy of perianal abscesses.

- *Submucous*: From an infected fissure in ano (see Case 75, p. 150) or from a laceration of the anal canal.
- *Ischio-anal*: From infection of one of the anal glands that lead from the anal canal into the submucosa (probably the commonest cause) or penetration of the fossa by a foreign body. The abscess may track in a horseshoe manner behind the anal canal to the opposite fossa.
- *Pelvic*: Spread inferiorly from a pelvic abscess (rare).

The location of these abscesses is shown in Fig. 76.3.

How is this condition treated?

Early surgical drainage under a general anaesthetic. This gives immediate relief and also prevents possible rupture into the anal canal with a resultant fistula in ano (see Case 77, p. 154).