

ANORECTAL ABSCESS

An anorectal abscess is an infection that occurs around the anal area. It is a fluid collection containing bacteria, cells, and debris. This increases in size and causes pressure against the anal area. If the pressure is great enough, bacteria can enter the blood stream and cause worsening infection. Symptoms may include persistent worsening constant pain, fever, chills, nausea, difficulty urinating.

Anorectal abscess is thought to come from an infection in an anal gland. It may also come from an infected sebaceous cyst around the anal canal. Anorectal abscess can be a sign of hidradenitis, a chronic skin infection, or possible Crohns Disease, an autoimmune disease affecting the gastrointestinal system. Abscess may also be caused by pilonidal disease, especially if located toward the tailbone.

Diagnosis is usually made by history and physical examination. A painful tender, palpable mass is usually detectable around the anal area. It may be hard or firm, warm to touch, and red in appearance. Sometimes the abscess is located within the anal canal and cannot be felt. Patients with this type of abscess usually complain of severe constant, worsening pain and cannot tolerate examination. A CT scan may be necessary to demonstrate this.

Individuals who complain of severe, constant anal pain, with accompanying signs of infection including fever, chills, nausea, and difficulty urinating, should undergo examination under anesthesia and surgical drainage if abscess is present.

Individuals who:

- are already affected by other medical problems such as cancer, diabetes, HIV,
- take medicines such as steroids, chemotherapy, immunosuppressant drugs
- are very young or very old
- have underlying severe mental illness requiring medication

may not have the typical symptoms of abscess. Therefore patients with these conditions who have severe pain, but otherwise lack signs and symptoms of abscess, but who cannot or will not permit evaluation in the office, should undergo evaluation under anesthesia

Treatment

Treatment requires surgical drainage. This may be performed under local or general anesthesia. The surgeon cuts the skin over the abscesses and releases the infected fluid. The cavity is then cleaned. The surgeon may choose to place gauze in the wound (called packing) or place a drain in the wound if it is deep. If signs of severe infection are present such as cellulitis, or skin infection, or fever, or if the person has risk factors described above, then antibiotics and possibly hospitalization may be necessary.

Complications

Symptoms usually improve rapidly after surgery. Care after surgery is discussed in the “Care after Anorectal Surgery” handout. If symptoms persist or recur, repeat evaluation under anesthesia may be needed.

Incomplete healing and persistent drainage may suggest the presence of anal fistula. This is a separate and abnormal communication from the anus to the outside that requires additional treatment. This is discussed in the handout “Understanding Anal Fistula.”

CONSEQUENCES OF NOT TREATING AN ABSCESS

Failure to treat an abscess can have very severe consequences. Sometimes antibiotics can control an abscess but this is the exception, not the rule. If untreated, an abscess can increase in size and cause worsening symptoms and cause infection in the bloodstream, called sepsis. This can result in organ failure and death.

Infection can destroy skin and muscle requiring surgical removal of dead tissue and creation of large wounds to provide sufficient drainage. In severe cases, necrotizing type (skin eating) infection can develop causing permanent loss of tissue, sexually and urinary damage, and death. Prolonged hospitalization, creation of a colostomy to divert feces/stool from the anal area may be needed.

Therefore, once diagnosed or if clinically suspected, prompt evaluation under anesthesia and surgical drainage of anorectal abscess is medically necessary and strongly recommended.