

| | |
|-------------------------|--|
| 1. Record Nr. | UNINA9910510569203321 |
| Autore | Shi Renjie |
| Titolo | Diagnosis and Treatment of Anal Fistula |
| Pubbl/distr/stampa | Singapore : , : Springer Singapore Pte. Limited, , 2022 ©2021 |
| ISBN | 981-16-5804-8 |
| Descrizione fisica | 1 online resource (232 pages) |
| Altri autori (Persone) | ZhengLi-Hua |
| Soggetti | Fístules Malalties de l'anus Llibres electrònics |
| Lingua di pubblicazione | Inglese |
| Formato | Materiale a stampa |
| Livello bibliografico | Monografia |
| Nota di contenuto | Intro -- Preface -- Acknowledgements -- Contents -- Contributors -- 1: History of Cognition and Treatment of Anal Fistula -- 1.1 The Knowledge and Treatment History of Anal Fistula in Chinese Medicine -- 1.2 The History of Anal Fistula and Treatment in Western Medicine -- Suggested Reading -- 2: Anatomy and Physiology of Anal Fistula -- 2.1 Anorectal Genesis -- 2.2 Anal Canal and Rectum -- 2.2.1 Anal Canal -- 2.2.2 Rectum -- 2.3 The Anal Gland -- 2.3.1 The History of Understanding the Anal Glands -- 2.3.2 The Distribution of Anal Glands and Their Clinical Significance -- 2.3.3 The Shape and Clinical Significance of Anal Glands -- 2.3.4 The Relationship Between the Obstruction of Anal Glands and the Occurrence and Development of Anorectal Infections -- 2.3.5 The Relationship Between Anal Glands and Sex Hormones and Their Clinical Significance -- 2.3.6 Histochemistry of Anal Gland Mucus and Its Clinical Significance -- 2.4 Anal Muscles -- 2.4.1 Internal Anal Sphincter -- 2.4.2 External Anal Sphincter -- 2.4.2.1 Subcutaneous Sphincter -- 2.4.2.2 Superficial Sphincter -- 2.4.2.3 Deep External Sphincter -- 2.4.3 The Levator Ani Muscle -- 2.4.3.1 Puborectal Muscle -- 2.4.3.2 Pubococcygeus Muscle -- 2.4.3.3 The Iliac Coccygeus Muscle -- 2.4.4 The Joint Longitudinal Muscles -- 2.4.5 Anorectal Ring -- 2.5 Perirectal Space of Anal Canal -- 2.5.1 Perianal Subcutaneous Space -- 2.5.2 Ischiorectal Space -- |

2.5.3 Posterior Anal Space -- 2.5.4 Sphincter Muscle Space -- 2.5.5 The Submucosal Space -- 2.5.6 The Pelvic-Rectal Space -- 2.5.7 The Posterior Rectal Space -- 2.6 Anorectal Arteries and Veins -- 2.6.1 Arteries -- 2.6.1.1 Superior Rectal Artery -- 2.6.1.2 Inferior Rectal Artery -- 2.6.1.3 Anal Artery -- 2.6.1.4 The Middle Sacral Artery -- 2.6.2 Veins -- 2.6.2.1 The Venous Plexus Within the Hemorrhoid. 2.6.2.2 External Hemorrhoid Venous Plexus -- 2.7 Anorectal and Lymphatic System -- 2.8 Anorectal Innervation -- 2.8.1 The Nerves of the Rectum -- 2.8.1.1 The Sympathetic Nerve of the Rectum -- 2.8.1.2 Parasympathetic Nerves -- 2.8.2 The Nerves of the Anal Canal -- 2.9 Anorectal Physiological Function -- Suggested Reading -- 3: The Etiology of Anal Fistula -- 3.1 The Pathogenesis of Anal Fistula in Chinese Medicine -- 3.2 The Etiology and Pathogenesis of Anal Fistula in Western Medicine -- 3.2.1 The Cause of Anal Fistula -- 3.2.1.1 Anal Gland Infection Theory -- 3.2.1.2 Central Gap Infection Theory -- 3.2.2 The Pathology of Anal Fistula -- Suggested Reading -- 4: Clinical Manifestations of Anal Fistula -- 4.1 Symptoms -- 4.1.1 Pus Outflow -- 4.1.2 Pain -- 4.1.3 Moisture and Itching -- 4.1.4 Dysdefecation -- 4.1.5 Systemic Symptoms -- 4.2 Signs -- Suggested Reading -- 5: Common Methods of Examination for Anal Fistula -- 5.1 Special Examinations of Anal Fistula -- 5.1.1 Common Positions -- 5.1.1.1 Lateral Position -- 5.1.1.2 Knee-Chest Position -- 5.1.1.3 Lithotomy Position -- 5.1.2 Inspection Methods -- 5.1.2.1 Visual Examination -- Appearance of Anus -- External Openings of Anal Fistula -- Secretions -- Skin Color Changes in the Anal Fistula Lesion Area -- The Relationship Between the Location of the External Opening and the Trend and Type of Anal Fistula -- 5.1.2.2 Palpation -- External Anal Palpation -- Anal Internal Palpation -- Bimanual Examination -- 5.1.2.3 Probe Examination -- 5.1.2.4 Anoscope Examination -- Tube and Horn Anoscope -- Leaf Anoscope -- 5.1.2.5 Inspection of Anal Crypt Hook -- 5.1.2.6 Methylene Blue Staining Examination -- Fill the Gauze Roll in the Anus -- Dye Injection -- Observation of Staining Area -- 5.2 Auxiliary Examination of Fistula -- 5.2.1 Ultrasonic Examination -- 5.2.1.1 Equipment. 5.2.1.2 Examination Methods -- Transanal ultrasonography -- Endoscopic Ultrasonography -- 5.2.1.3 Normal Anatomy of Transanal Ultrasound Examination -- 5.2.1.4 Ultrasonic Characteristics of Different Types of Perianal Abscesses and Anal Fistulas -- Intersphincteric Abscess, Intersphincteric Fistula (II Type) -- Ischioanal Abscess, Ischioanal Fistula (Type III) -- Pelvirectal Abscess, Pelvirectal Fistula (Type IV) -- 5.2.1.5 Accuracy of Transanal Ultrasonography -- 5.2.1.6 The Role and Significance of Ultrasound Examination -- 5.2.2 Magnetic Resonance Imaging (MRI) -- 5.2.2.1 Examination Methods -- 5.2.2.2 Diagnostic Value -- 5.2.2.3 MRI Features of Anal Fistula -- The Internal Opening -- Main Tract of Fistula -- Branch of Fistula -- 5.2.3 CT Examination -- 5.2.3.1 Examination Methods -- 5.2.3.2 Diagnostic Value -- 5.2.4 Fistula Angiography -- 5.2.4.1 Examination Methods -- 5.2.4.2 Diagnostic Value -- 5.2.5 Anal Fistula Endoscopy -- 5.2.5.1 Inspection Methods -- 5.2.5.2 Diagnostic Value -- 5.2.6 Pathological Examination -- 5.2.7 Bacterial Culture -- 5.2.8 General X-Ray Examination -- 5.2.9 Colonoscopy -- 5.2.9.1 Preparation Before Colonoscopy -- 5.2.9.2 Operating Methods -- 5.2.9.3 Diagnostic Value -- 5.3 Examination and Evaluation of Anal Function -- 5.3.1 Anorectal Manometry -- 5.3.1.1 Equipment -- 5.3.1.2 Detection Indicators -- Stress Indicators -- Anorectal Reflex Activity -- Wave Phase Activity of Anal Resting Pressure -- Rectal Compliance -- 5.3.2 Transanal Ultrasound Evaluation Method -- 5.3.3 Nuclear Magnetic Resonance Imaging Assessment Method -- 5.3.4 Pelvic Floor

EMG Examination -- 5.3.4.1 Inspection Methods -- 5.3.4.2 Testing Indicators -- Electromyographic Activity in Resting State -- Simulated EMG Activity During Defecation -- Mild Contraction of the Myoelectric Activity.

Strong Contraction of the Muscle Activity -- 5.3.5 Anorectal Sensory Function Examination -- 5.3.5.1 Observation Indicators -- Mucosal Electrical Sensitivity Test -- 5.3.5.2 Temperature Sense Detection -- 5.3.5.3 Rectal Volume Sensory Function -- Rectal Sensation Threshold -- Rectal Initial Intentional Capacity -- Rectal Maximum Tolerance Capacity -- 5.3.6 Anal Function Evaluation Scale -- 5.3.6.1 Rating Scale -- 5.3.6.2 Total Score Evaluation Scale -- 5.3.7 Questionnaire Survey on Patients' Quality of Life -- Suggested Reading -- 6:

Classification and Diagnosis of Anal Fistula -- 6.1 Classification of Anal Fistula -- 6.1.1 Classification of Anal Fistula in Traditional Chinese Medicine -- 6.1.2 Classification of Anal Fistula in Western Medicine -- 6.1.2.1 Classification of Anal Fistula by the National Conference on Anorectal Surgery (1975) -- Low Simple Anal Fistula -- Low Complex Anal Fistula -- High Simple Anal Fistula -- High Complex Anal Fistula -- 6.1.2.2 Parks 4 Class Method (1976) -- Intersphincter Fistula (Low Anal Fistula) -- Transsphincter Anal Fistula (Low or High Anal Fistula) -- Superior Sphincter Anal Fistula (High Anal Fistula) -- External Anal Fistula of Sphincter (High Anal Fistula) -- 6.1.2.3 Yukio Sumikoshi's Classification of Anal Fistula -- 6.1.2.4 Other Taxonomies -- Classification of Fistulas Based on Internal and External Characteristics -- Classification of Fistulas Based on the Shape of Anal Fistulas -- Classification of Fistulas Based on the Relationship Between the Fistula and the Sphincter -- Classification of Fistulas Based on the Number of Internal and External Orifices and Fistulas -- Classification of Fistulas Based on the Etiology and Pathological Nature of Anal Fistulas -- Eisenhammer: Three Categories and Five Types Method (1966) -- Goligher's Classification (1975) -- 6.2 Diagnosis of Anal Fistula.

6.2.1 Diagnostic Methods of Anal Fistula -- 6.2.2 The Importance of Preoperative Diagnosis of Anal Fistula -- 6.2.2.1 Make Good Use of Various Inspection Means and Techniques -- 6.2.2.2 Colonoscopy Before Anal Fistula Operation Should Be Done as Much as Possible -- 6.2.2.3 Preoperative Evaluation of Anal Function Is Helpful to Formulate Individualized Treatment Plans -- 6.2.2.4 Preoperative Pathological Examination and Diagnosis If Necessary -- 6.3 Differential Diagnosis of the Third Anal Fistula -- 6.3.1 Hidradenitis Suppurativa -- 6.3.2 Perianal Folliculitis and Furuncle -- 6.3.3 Perianal Sinus Tract -- 6.3.4 Sacrococcygeal Cyst -- 6.3.5 Perineal Urethral Fistula -- 6.3.6 Sacrococcygeal Osteomyelitis -- 6.3.7 Sacroiliac Bone Tuberculosis -- 6.3.8 Rupture of Anterior Sacral Space Teratoma -- 6.3.9 Carcinoma of Anal Canal and Rectum -- Suggested Reading -- 7: The Therapeutic Principle of Fistula-in-Ano -- 7.1 Both Healing Fistula-in-Ano and Protecting Anal Function Are Equally Important -- 7.2 The Treatment of the Internal or Primary Opening and the Primary Lesion Should Be Clean and Thorough -- 7.3 Protect the Anal Sphincter as Much as Possible -- 7.4 The External Opening and Wound Should Be Properly Managed in Fistulas -- 7.5 The Selection and Individualization of Treatment Program for Fistula-in-Ano -- 7.5.1 Simple Anal Fistulas -- 7.5.1.1 Anal Fistulotomy -- 7.5.1.2 First-Stage Incision and Drainage with Anal Fistulotomy -- 7.5.1.3 Fistula Debridement and Fibrin Glue Injection -- 7.5.2 Complicated Anal Fistulas -- 7.5.2.1 Fistula Debridement and Fibrin Glue Injection -- 7.5.2.2 Anal Fistula Plug -- 7.5.2.3 Rectal Mucosa Advancement Flap -- 7.5.2.4 Seton and Fistulotomy in Stages -- 7.5.2.5 Ligation

of Intersphincteric Fistula (LIFT) -- 7.5.3 Treatment of Anal Fistula in Crohn's Disease.

7.5.3.1 Asymptomatic Crohn's Disease Anal Fistula Does Not Require Surgical Treatment.

Sommario/riassunto

This book offers an interdisciplinary reference for diagnosis and treatment of anal fistula. First chapters provide state of the art review of anatomy, etiology, sign and symptoms, medical findings and differential diagnosis of anal fistula. The following chapters cover surgical and non-surgical treatment of anal fistula. Other important chapter presents diagnosis and treatment of special anal fistula, including anal fistula of Crohn's disease, anal fistula in infants, tuberculous anal fistula, and anal fistula associated with AIDS. It will appeal to proctologists and surgeons in gastroenterology.
