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Nota di contenuto	Anorectal Anatomy Related to Anal Fistula and Abscess -- Anorectal Physiology Related to Anal Fistula and Abscess -- Classification of Anal Fistula and Abscess: Useful Features to Address the Treatment -- Epidemiology of Anal Fistula and Abscess -- From Abscess to Fistula: Is This the Rule? -- Pathophysiology of Anal Fistula and Abscess: Old Concepts and New Insights -- Severity Scores for Anal Fistulas -- Unconventional insights into etiology of fistulas in the peri-anal region -- Clinical Assessment of Crohn's Anal Abscess and Fistula -- Clinical

Assessment of Cryptoglandular Anal Abscess and Fistula -- Anorectal Physiology Assessment in Patients With Anal Fistula: When Necessary? -- Endoanal Ultrasound in The Diagnosis of Cryptoglandular Anal Fistula and Abscess -- Future perspectives in The Diagnosis of Anal Fistula and Abscess -- Magnetic Resonance and Traditional Radiology in The Diagnosis of Cryptoglandular Anal Fistula and Abscess -- Magnetic Resonance in The Diagnosis of Crohn's Anal Fistula and Abscess -- Utility and Limitations of Endoanal Ultrasound in The Diagnosis of Crohn's Anal Fistula and Abscess -- Additional Surgical Options to Treat Anal Fistulas: Gracilis Interposition, Martius Flap, Gluteal Flap -- Anal Fistula: Actual Perspectives of Scientific Research Toward the Future -- Correct Use of Setons: Is There Any Agreement? -- Dermal Flap -- Fistula Laser Closure -- Fistulectomy -- Fistulotomy -- Flap -- Glue and Paste Injection -- How to Drain an Abscess -- Ligation of Intersphincteric Fistula Tract (LIFT) -- Quality of Life Following Anal Fistula Treatment -- Risk Factors for Recurrence and Incontinence After Anal Fistula Surgery -- Stem Cells in Cryptoglandular Anal Fistulas -- Treatment by Over-The-Scope Clip -- Utility of Adding Marsupialization to Fistulotomy -- Utility of Adding Sphincter Reconstruction to Fistulotomy/Fistulectomy -- Video-Assisted Anal Fistula Treatment -- Evidences for optimal surgical management of anal fistulas and abscess -- Future directions in surgical approach of anal fistulas and abscess -- Integration of surgery with medical therapy in treating anal fistulas: when and how? -- New perspectives in the treatment of anal fistulas: stem cells -- Ostomy and Proctectomy to treat anal fistulas and abscess; when and why? -- Patients' quality of life during and after treatment of anal fistulas and abscess -- Treatment of anal fistulas and abscess: when does surgery come first? -- Anastomotic dehiscence and fistulization -- Best Surgical Strategy to Treat Anal Fistula and Abscess: A Comprehensive Meta-Analysis of Literature -- Fournier Syndrome -- Real Practice in the Management of Anal Fistula and Abscess: Results of a Worldwide Survey as Related to the International Guidelines -- Recto-vaginal and recto-urethral fistulas -- .

Sommario/riassunto

This volume comprehensively describes the anatomy, pathophysiology, diagnostics, and modalities of treatment of one of the most complex and debated clinical conditions in coloproctology: anal fistulas and abscesses. It also debates current controversies and presents the best approaches based on the authors' clinical expertise. Providing an in-depth understanding of the anal canal anatomy and surrounding area, it enables readers to manage anal sepsis and avoid excessive damage, in particular to the anal sphincters. Further, the book presents insights into the pathophysiological processes (in cryptoglandular and Crohn's disease) causing abscess and fistula, which have a significant impact on the management of these conditions. It also discusses diagnostic assessments crucial for selecting the optimal surgical technique and offers guidance on the timing. Lastly, it assesses the pros and contras of the various surgical procedures, evaluating the possible outcome in terms of both therapeutic success and detrimental effects on the anorectal functions. As such it is a valuable resource for all physicians involved in the management of anal fistulas and abscesses (coloproctologists, general surgeons, gastroenterologists, radiologists).
