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Loop and drain technique for ischiorectal abscess: A novel technique for operative management in an adult male

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Ischiorectal abscess represents less than 15% of all anorectal disease and affects men three times more than women, possibly owing to the immunosuppressive effects of male sex steroids. It is traditionally treated by incision and drainage. We present the case of a 40-year-old man with a severe ischiorectal abscess, which we treated using a novel surgical technique. He presented with a one-week history of severe perianal pain, fever and tachycardia. On examination, his perineum was diffusely oedematous, erythematous and tender to palpate. He was a heavy smoker, however otherwise fit and well with no history of diabetes mellitus or other immunosuppression, computed tomography scan of the pelvis demonstrated infralevator horseshoe abscess with gas locules. He underwent emergency operation. Incisions were made bilaterally over both arms of the abscess (modified Hanley procedure) a corrugated drain was passed to bridge the horseshoe and a silicon vessel loop seton was placed through the associated fistula-in-ano at the 7 O' clock position. He was taken back to theatre on day 7 for repeat washout and removal of the drain. At the second operation, two stab incisions were made adjacent to the original incisions through which two silicon vessel loop drains were passed and secured with silk. He had minimal postoperative pain and was discharged home on the third day. The vessel loops were painlessly removed, two at a time at 2 and 6 weeks. At the time of writing there was no recurrence. The Loop and Drain Technique (LDT) was first described in Australia by Gaszynskia, et al. as a safe and effective treatment for subcutaneous abscess. Today it is used around the world and in our hospital is a routine surgical treatment of subcutaneous, perianal and pilonidal abscesses, as well as deeply contaminated lacerations. Our case demonstrates that LDT is a safe surgical technique for the treatment of ischiorectal abscess, which should be performed in an operating theatre where optimal lighting, positioning and washout can be achieved. It offers increased comfort and convenience for the patient, negating the need for repeat packing.

Biography

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