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Original Article

The importance of three-dimensional anorectal ultrasound in the study of patients with anal pain



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ABSTRACT

Objectives: Anal pain can be caused by various medical conditions; the exclusion of organic causes for proper treatment is important. Three-dimensional anorectal ultrasound can identify organic causes of anal pain. The objective of this study was to evaluate the importance of three-dimensional anorectal ultrasound in the detection of organic abnormalities in patients with anal pain.

Methods: Twenty-two patients (mean age: 49 years; 13 women) with chronic anal pain were enrolled to join a prospective study between June 2009 and June 2011. A complete proctology and colonoscopy examination was normal. Subsequently, the patients underwent three-dimensional anorectal ultrasound.

Results: Intersphincteric sepsis was found in 14 patients (63.6%). Two female patients (9.1%) had anal sphincter injury, one of them with the presence of a grade II rectocele. There was an increase in the thickness of the subepithelial tissue in three patients (13.6%). In one patient (4.6%), the presence of a hypoechoic circular retrorectal (presacral) cyst of the middle and lower rectum was observed. The three-dimensional anorectal ultrasound examination showed no abnormalities in two patients (9.1%).

Conclusion: The three-dimensional anorectal ultrasound is a simple, economical, fast and useful test for the study of anorectal diseases and should be included in the examination of patients with anal pain, to exclude organic causes.

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A importância da ultra-sonografia anorretal tridimensional no estudo de pacientes portadores de dor anal

R E S U M O

Palavras-chave:

Dor anal
Ultrasomendotorretal
Sepse interesfincteriana

Objetivos: A dor anal pode resultar várias condições clínicas e se faz necessário excluir causas orgânicas para o tratamento adequado. A ultra-sonografia anorretal tridimensional (3D-US) pode identificar causas orgânicas de dor anal. O objetivo deste estudo foi avaliar a importância da 3D-US para detectar anomalias orgânicas em pacientes com dor anal.

Métodos: Vinte e dois pacientes (média de idade: 49 anos; treze mulheres) com dor anal crônica foram incluídos em um estudo prospectivo entre junho de 2009 e junho de 2011. O exame proctológico completo e colonoscopia foram normais. Posteriormente, os pacientes foram submetidos à 3D-US.

Resultados: Sepse interesfincteriana foi evidenciada em quatorze pacientes (63,6%). Duas pacientes (9,1%) apresentaram lesão do esfíncter anal, sendo uma com presença de retocele grau II. O aumento da espessura do tecido subepitelial apresentou-se em três pacientes (13,6%). Em um paciente (4,6%), foi evidenciada a presença de cisto retrorretal circular hipocoico no reto médio e inferior. O exame de US-3D não evidenciou anormalidades em dois indivíduos (9,1%).

Conclusão: A ultra-sonografia anorretal tridimensional é um exame simples, econômico, rápido e útil no estudo de doenças anorretais e deve ser incluído no estudo dos pacientes com dor anal para descartar causas orgânicas.

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Introduction

Chronic anal pain can be characterized as an often intense, poorly defined, not-irradiating and, in some cases, lancinating pain with at least three months duration. The prevalence of anorectal pain in American household heads was 6.6%, being more common in women¹ and accounts for 30–40% of visits for anal pain.²

This condition can result from a variety of causes and may be associated with proctologic, gynecological, genitourinary, traumatic, neurological or psychological changes.³ In most patients, a thorough clinical history characterizing the nature of anal pain and defining whether there is or not a relationship with straining, in association with a thorough physical exam, allows the physician to establish the diagnosis. Thus, the exclusion of organic causes of anorectal pain not identified after a thorough proctologic examination is needed. As an example, we can mention: deep perirectal postoperative sepsis,⁴ primary intersphincteric abscess,⁵ hidden sphincter injuries, and other organic diseases of surgical resolution. There are also cases of anorectal pain of functional etiology such as proctalgia fugax, elevator syndrome and unspecified chronic anorectal pain. An accurate diagnosis is needed for proper treatment.

Anorectal ultrasonography is an imaging diagnostic technique indicated in benign and malignant anorectal disorders.⁶ This technique constitutes an important ally in the detection of organic causes of anal pain with no changes in physical examination. More recently, due to the limitation for viewing images in the longitudinal plane, a transducer that allows the three-dimensional reconstruction of images which are two-dimensionally obtained was introduced.⁷

With this type of ultrasound, the physical examination has been enriched with accurate information on anal canal and rectum on several planes, and this technique can demonstrate the size and position of all anatomical structures.

Objective

The aim of this paper is to emphasize the importance of three-dimensional anorectal ultrasonography in patients with chronic anal pain without change in their physical examination.

Methodology

This is a prospective study conducted during the period from June 2009 to June 2011 in 22 patients with chronic anal pain suspected of having a functional diagnosis. The average age was 49 years, with 13 women (59.1%) and nine men (40.9%).

This study comprised patients with chronic anal pain lasting more than three months.¹ The pain was characterized by having duration from 15 s to 20 min and with no relation to straining. In addition, our patients did not require medication to minimize their symptoms and the pain was not disabling for their work.

All patients underwent a full proctologic and colonoscopy examination. On physical examination, no signs were detected and there were no clinical signs of perineal and/or anorectal sepsis, as well as any official disease that could suggest some etiology for the pain. In our study, all patients had a normal colonoscopy. Subsequently a 3D-US was obtained

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