HERNIATED SUPRALEVATOR ANORECTAL ABSCESS

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ABSTRACT

Anorectal abscesses are commonly found in males (M:F = 1.76:1). Theses abscesses occurs at different anorectal locations, the commonest site is perianal region (44.8%) and rare is supralevator region (3.6%). We present a case of 50 years old lady with difficulty in defecation and MRI pelvis revealed cystic mass with septations measuring 8 x 4.9 x 5.3 cm at right pelvic floor at supralevator level extending to the right ischiorectal fossa into perianal region and herniated through anus. Per-operatively it was found to be Herniated Supralevator Anorectal Abscess. Postoperative recovery was uneventful.

Case Report

This case is of a multiparous (para 9=0) 50 year old female patient who presented to surgical outpatient department with complaint of difficult defecation and right groin pain since 01 month. Systemic examination of the patient was unremarkable. She denied any history of fever. On local examination she was found to have a swelling projecting at the anal margin measuring approximately 5 x 4 cm which was non-tender, smooth, non-reducible with negative cough impulse. Routine blood biochemistry was within normal limits. Ultrasound abdomen was normal. MRI pelvis showed a cystic mass with septations measuring 8 x 4.9 x 5.3 cm at right pelvic floor at supralevator level extending to the right ischiorectal fossa into perianal region. It was herniating through the anus. This mass was displacing the uterus towards the contralateral side with compression of rectum and anal canal. It showed intermediate to high signal intensity on T2, intermediate to low signal intensity on T1 with marginal and septal enhancement (Fig. 1 & 2). Bilateral enlarged inguinal lymph nodes were visualized. This case raised differentials, including herniated perianal abcess, dermoid cyst/ teratoma, and tailgut cyst although unusual position. Following this MRI report, the patient was operated. Per-operatively we found an abscess approximately 5.0 into 7.0 cms in right pararectal / ischiorectal fossa herniating through pelvic diaphragm into the perianal region. Abscess fluid was musky yellow coloured. Final diagnosis was herniated perianal abscess at supralevator location. Postoperative recovery uneventful.

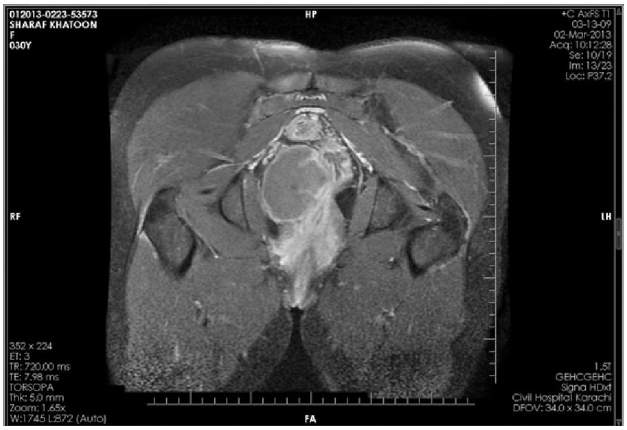

Figure 1: Contrast enhanced MRI coronal T1W image showing predominantly isointense lesion with internal septations and peripheral enhancement along the right side of rectum displacing it to the contralateral side.

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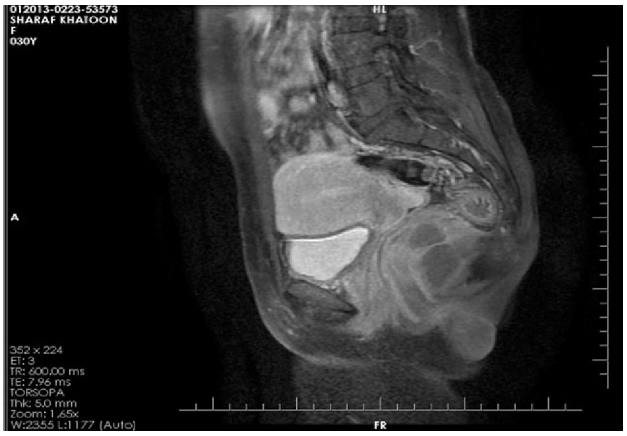

Figure 2: Sagital T2W postcontrast image showing septated peripherally enhancing lesion with abnormal hyperintense signals extending along the rectum and anal canal. It is herniating through the anal orifice.

Discussion

Abscesses commonly occur in the anorectal area with a higher prevalence in male (M:F = 1.76:1) in third through fifth decades,[1] Risk factor for anorectal abscesses include foreign bodies, malignancy, trauma, tuberculosis, actinomycosis, leukemia, postoperative infection, inflammatory bowel disease, and simple skin infections.[2] Anorectal abscesses are classified according to their location. Most commonly, these occur in the perianal region (44.8%), followed by intermuscular (28%), and ischiorectal (12.8%) and the least prevalent is supralevator abscesses (3.6%).[2] The primary event in abscess formation is infection of the anal glands located in the anal crypts along the dentate line. Afterwards, in a supralevator abscess, there is first involvement of the intersphincteric plane followed by upwards spread above the levator ani muscle. However, supralevator abscesses are somewhat unique in that another potential source of the infection is from above, from a pelvic process such as diverticular disease or Crohn's disease.[3]

References

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