

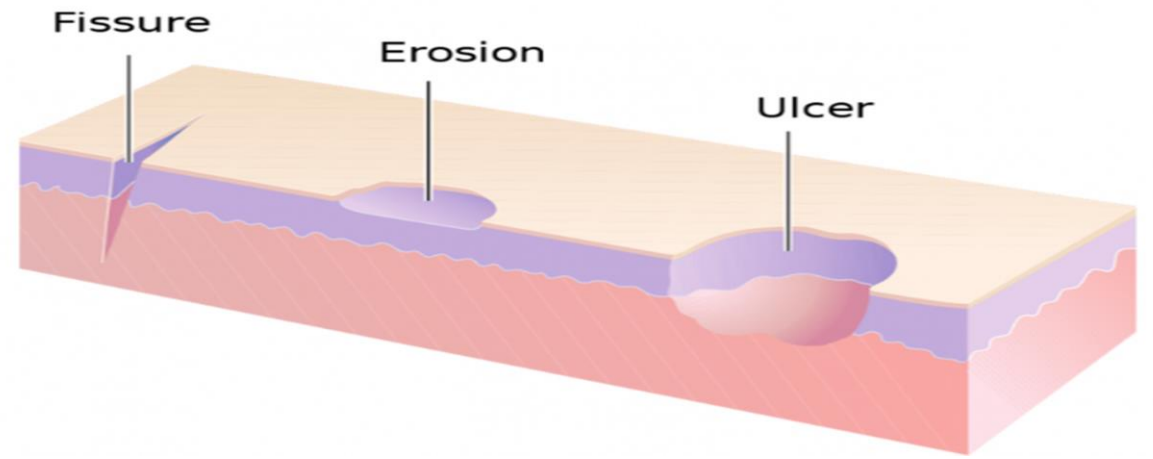
Ulcers, Sinuses and Fistulae

*Surgery
Stage: 2*

Learning Objectives

Describe the:

1. Definition of ulcer, fissure, sore, and erosion.
- 2- Definition, causes, risk factors, treatment and complications of peptic Ulcer.
- 3- Definition and pathophysiology of pilonidal Sinus.
- 4- Incidence, causes, diagnosis, and treatment of anal Fistulae.



- Erosion

- Is loss of only the superficial layers of the skin (epidermis)
- and healing usually occurs without scarring.

- Ulcer

- Is loss or damage of both superficial and deeper skin layers (epidermis and dermis) and can sometimes extend to underlying fat and muscle and may heal by scarring.

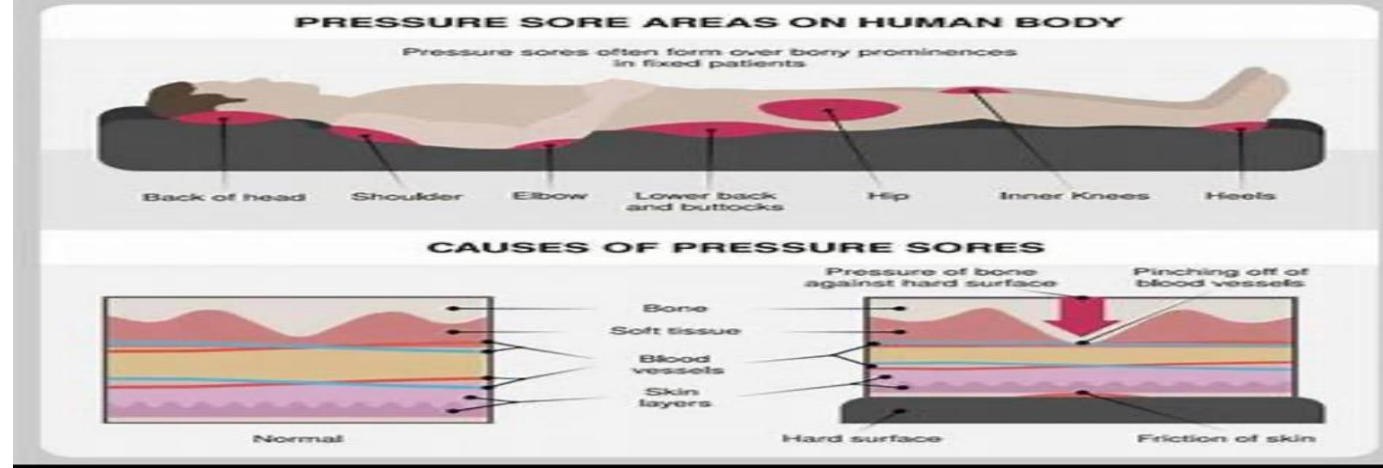
- Fissure

- An ulcer which is very deep but narrow, as seen to occur in the anal area due to trauma-induced by hard stools.

- Sore

- Is an umbrella term for any damaged, inflamed, or injured area which causes discomfort or pain.

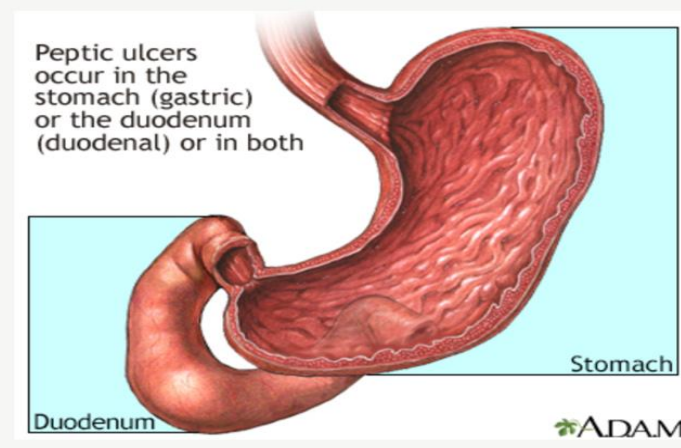
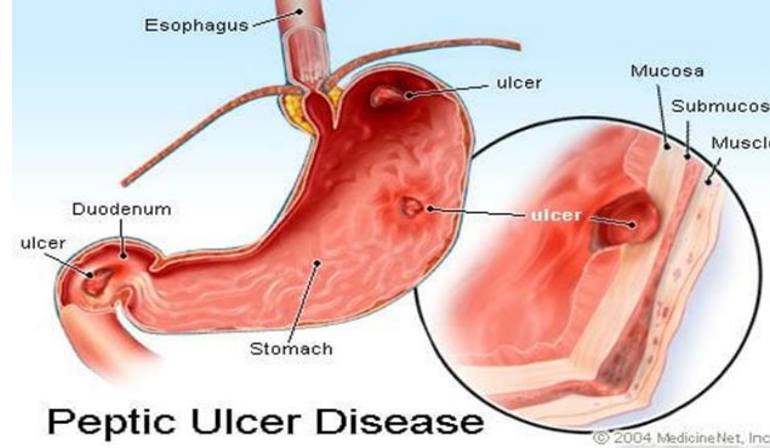
Ulcer



(Pressure)(decubitus) Ulcer

- Continuous pressure on a particular area of the body, with decrease the local blood circulation and make the skin break down to form an ulcer.
- This is commonly seen in people who are in a lying position (decubitus) for prolonged periods, where there is increased pressure of the bodyweight on areas like buttocks, hips, and back.
- Ulcers which develop therefore are called bed sores or decubitus ulcers.

Peptic Ulcer



Is a sore in the lining of stomach or duodenum (beginning of small intestine).

Types:

1- Gastric : where the ulcer is in the stomach.

2-Duodenal : where the ulcer is in the beginning of small intestine.

Peptic Ulcer

Causes

- 1-Infection with *H.Pylori* (common cause).
- 2-Long term use of non-steroidal anti-inflammatory drugs(NSAIDs) like aspirin.

Risk factors

- 1-Smoking.
- 2-Drinking alcohol.
- 3-Having a family history of peptic ulcer.

Symptoms

- 1- main symptoms is epigastric pain.
- 2-Bloating.
- 3-Nausea and vomiting.
- 4-weight loss.

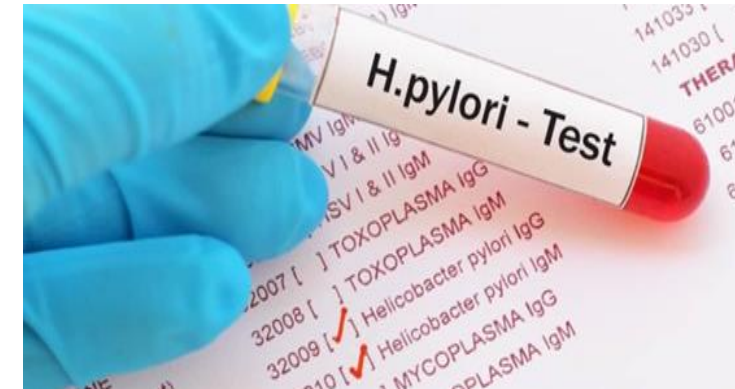
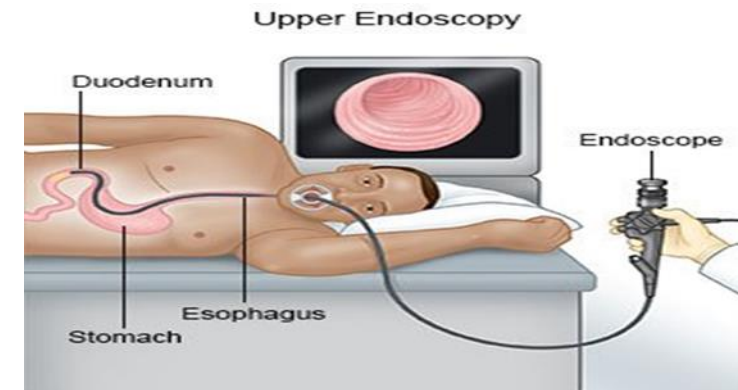
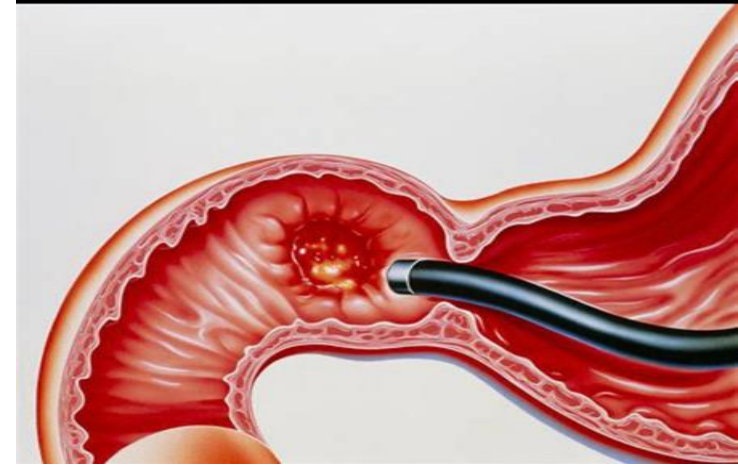
Peptic Ulcer

Diagnosis

- 1-Upper Gastrointestinal(GI) endoscopy.
- 2-Laboratory tests for *H.pylori*.

Treatment

- 1-Antibiotics when *H.pylori* test is positive.
- 2-Proton-pump inhibitors like omeprazole.



Complications

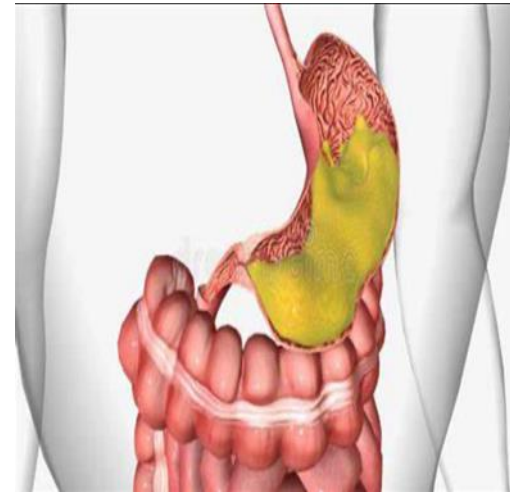
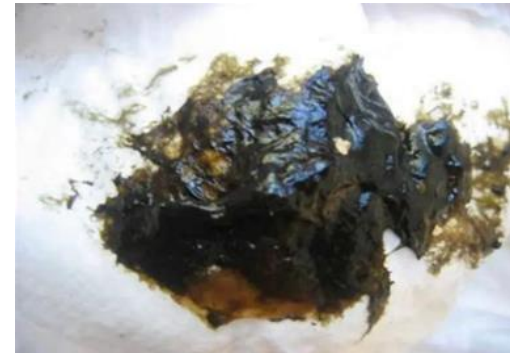
1-Bleeding:presented as

A. Hematemesis (vomiting blood).

B. Malena (black-tarry stool).

2-Perforation and peritonitis.

3-Obstruction(gastric outlet obstruction)
due to fibrosis.



Sinus



A pilonidal sinus.

Is a cavity in any tissue or organ of the body and is either:

1. Normally present like the paranasal sinuses.
2. Abnormal cavity like the pilonidal sinus.

Pilonidal Sinus

Is a problem (sinus) in the natal cleft (the area between the buttocks).

Sinus

Pilonidal Sinus

- Pathophysiology
- Loose hairs from the back of the body can fall and collect in natal cleft.
- Hairs carry bacteria, which can cause inflammation and infection.
- An abscess (a collection of pus) can form, and pus can drain through a tunnel (sinus) out to the skin.

Treatment

- Surgery is the most dependable way to remove the pilonidal sinus and pockets of infection.

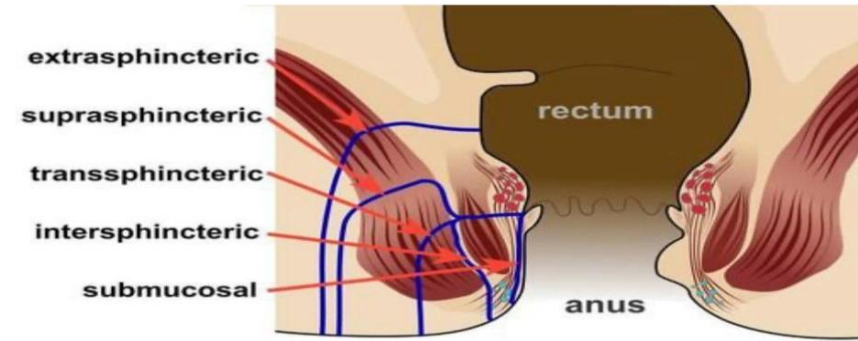
Fistula

Abnormal connection between:

1. Two hollow organs like arteriovenous fistula.

or

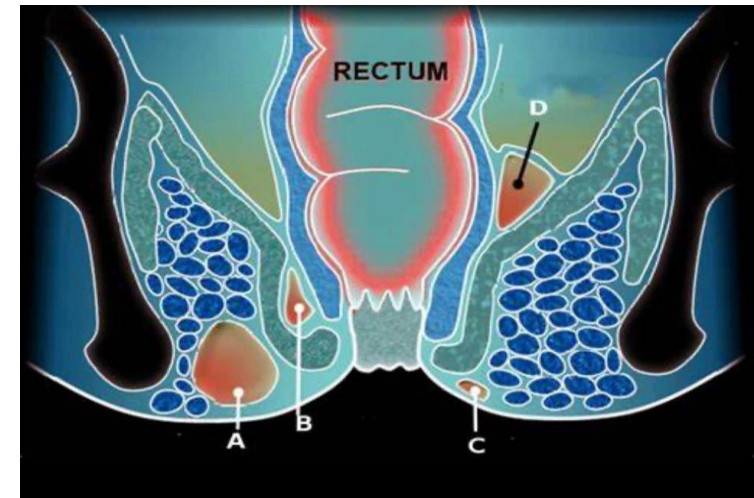
2. A hollow organ and the skin like anal fistula.



Anal fistula

Incidence

- 1. Is common in men when compared to that of women.
- 2. Is most seen in the age group between 20-40 years.



Anal fistula

Causes

1. Peri anal abscess(abscess around the anal region)
2. Inflammatory bowel conditions(chronic inflammation of small and large intestine).

Symptoms

1. Swelling and pain around the anal region.
2. Soreness, redness or itching at the anal opening.
3. Drainage associated with pus at the anal opening.

Diagnosis

1. Examination:

- Physical rectal examination.
- Fistula probe.
- Anoscope.



Diagnosis

2. Imaging techniques such as:

- CT fistulography (injecting a radiopaque dye into the fistula tract).
- MRI of pelvis.

Treatment

The best treatment of fistula is surgery.