TASHKENT MEDICAL ACADEMY

100 TMA ANNIVERSARY

Journal of Educational and Scientific Medicine

Issue 2 (2) | 2023

OAK.uz
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Supreme Attestation Commission at the Cabinet Ministers of the Republic of Uzbekistan

ISSN: 2181-3175

Journal of Education & Scientific Medicine

ISSN 2181-3175

Tashkent Medical Academy

Research Article

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Differentiated Approach to Surgical Treatment of Acute Purulent Paraproctitis

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ABSTRACT

Background. Improving the results of surgical treatment of patients with acute paraproctitis is an urgent problem of modern emergency proctology.

Material. Patients with acute paraproctitis from the Department of Surgical Infection of the Multidisciplinary Clinic of the Tashkent Medical Academy for the period 2000-2022.

Results. Radical surgery for acute paraproctitis with an intrasphincter or transsphincter purulent passage passing through the subcutaneous portion of the external sphincter can be performed in one stage with an accurate determination of the purulent course and its internal opening. With a high localization of a pararectal abscess with a purulent course passing through a deep portion of the external sphincter or extrasphincter, it is better to perform a radical operation in the second stage without discharging the patient from the hospital after the elimination of the purulent process in the wound.

Conclusion. With extrasphincter and transsphincter purulent passage passing through a deep portion of the external sphincter, the operation of choice is an improved technique using a latex ligature.

Keywords: Paraproctitis, pararectal fistula, sphincter

INTRODUCTION

Acute paraproctitis is a common disease and accounts for 24-50% of proctological pathology [1, 9-11].

Despite many studies, a number of unresolved problems remain in the treatment of acute paraproctitis [2, 11-15]. Thus, the weakness of the sphincter after radical surgery, according to various authors, ranges from 7.2% to 15%, relapses of the disease from 1.7% to 12% [2, 9, 10-15].

Currently, the most common surgical interventions used in patients with acute paraproctitis are the dissection of the purulent passage into the lumen of the intestine and the ligature method [19, 20, 23-25].

Indications for the use of these operations do not cause serious disagreements among surgeons. In acute paraproctitis with a purulent course, passing intrasphincterically, through the subcutaneous or superficial portions of the external sphincter, it is dissected into the lumen of the intestine. With a transsphincter purulent course passing through a deep portion of the external sphincter or its

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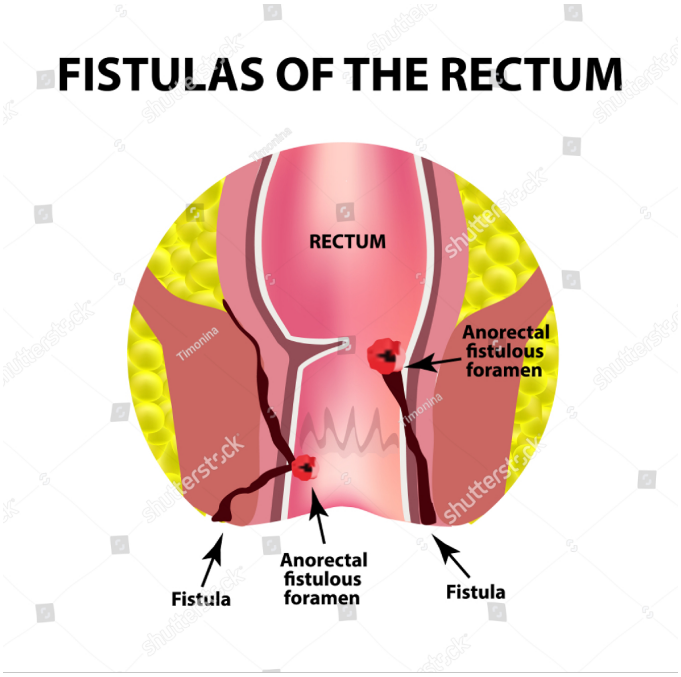
extrasphincter location, the ligature method is used [30, 31].

At the same time, the timing of radical operations in acute paraproctitis has not found a sufficiently substantiated interpretation, and rather contradictory opinions are still expressed on this issue in the scientific literature.



Literature data indicate that the question of the timing of radical surgery in acute paraproctitis remains not fully resolved [1-33]. Until now, there has not been a comparative assessment of the most commonly used methods of operations depending on the timing of their implementation. Indications for one-stage and two-stage operations have not been developed.

The development of such indications makes it possible to adequately choose the timing and method of performing the operation in each patient. The lack of evidence-based tactics for the treatment of patients with acute paraproctitis has led to the fact that most surgeons use one specific tactic and surgical method as the most optimal in their opinion.

However, the number of failures and relapses of the disease indicate the complete failure of this approach to solving tactical and therapeutic issues in the analyzed patients.

At the same time, scientifically based tactics of treatment of these patients will allow in some cases to avoid medical errors, the price of which is the weakness of the sphincter or relapse of the disease, as well as to individualize the treatment of each patient.

MATERIAL AND METHODS

The work is based on the analysis of the long-term results of radical operations performed on 391 patients with acute paraproctitis in the Department of Surgical Infection of the Multidisciplinary Clinic of the Tashkent Medical Academy for the period 2000-2022.

With one-stage operations, an emergency autopsy of the abscess was performed with the simultaneous elimination of the internal opening of the purulent passage.

With a two-stage treatment, radical surgery was performed on the first day after opening and drainage of the abscess without discharging the patient in the hospital.

With a one-stage and two-stage method of treatment, dissection of the purulent passage into the lumen of the intestine, or a ligature method using a silk ligature was used.

Patients are divided into two groups. The first group included patients operated on by the method of dissection of the purulent passage into the lumen of the intestine: one-stage - 168 people, two-stage - 161 patients. The second group consisted of patients operated on by the ligature method: one-stage - 23 people; two-stage - 39 people.

The mean age of the patients was 46.2±2.5. Among the patients, there were 288 men (73.7%) and 103 (26.3%) women.

The pararectal abscess was in the subcutaneous tissue - in 186 (47.6%); in ischiorectal tissue - in 170 (43.5%); in pelviorectal tissue - in 17 (4.3%); in retrorectal - in 18 (4.6%).

The inner hole was localized in the posterior crypt in 261 (66.8%), in the anterior crypt in 105 (26.8%), and in the lateral crypt in 25 (6.4%).

The purulent course had an intrasphincter location in 70 (17.9%) patients, transsphincter in 280 (71.6%), and extrasphincter in 41 (10.5%).

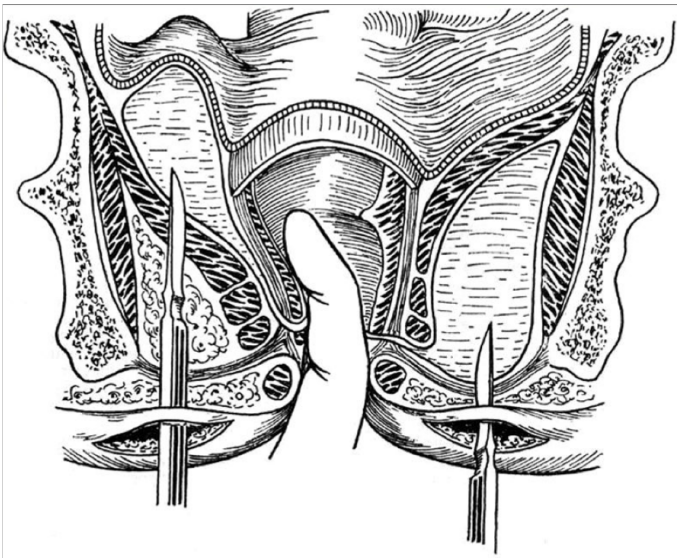
There were 142 (36.3%) patients with recurrent paraproctitis.

RESULTS

Among patients operated by the method of dissection of the purulent passage of the lumen of the intestine, the long-term results of treatment were traced in 329 people. Among them, 168 patients were operated on in one stage and 161 patients in two stages.

When studying the long-term results after dissection of the purulent passage into the lumen of the intestine, it

was found that 8 people (2.4%) had rectal fistulas, 4 (1.2%) had relapses of acute paraproctitis, and 14 people (4.25%) had sphincter insufficiency.



Significant differences in the incidence of rectal fistulas were revealed: after a two-stage dissection of the purulent passage into the lumen of the intestine, a rectal fistula was formed in 1 patient (0.6%), and after a one-stage operation - in 7 people (4.2%) (P<0.05).

We studied the dependence of the identified complications on the sex, age of patients, localization of the pararectal abscess, purulent passage and its internal opening, and the recurrent form of the disease.

With the ischiorectal location of the abscess, transsphincter purulent course and the recurrent form of paraproctitis, two-stage operations have a significant advantage over one-stage ones.

Thus, with ischiorectal localization of the abscess after a one-stage operation, a rectal fistula was formed in 4 (6.5%) patients, and after a two-stage this complication was not noted (P<0.05). With transsphincter purulent course after one-stage operations, a rectal fistula was formed in 6 (4.8%), after a two-stage course in 1 (0.8%; P<0.05). With recurrent paraproctitis after one-stage operations, rectal fistula was formed in 4 (9.7%) patients, and after two-stage paraproctitis, this complication was not noted (P<0.05).

There was no significant dependence of the results of treatment after dissection of the purulent passage into the lumen of the intestine in the studied groups on such factors as the sex and age of patients, the location of the internal openings of the purulent course, the subcutaneous localization of the abscess with an intrasphincter or transsphincter purulent passage passing through the subcutaneous portion of the external sphincter.

Among patients operated on by the ligature method, the long-term results of treatment were traced in 62 people. Of these, 23 patients were operated on in one stage, and 39 patients in two stages.

A significant decrease in the recurrence of paraproctitis and rectal fistula after a two-stage ligature operation was revealed. So, after one-stage operations, they occurred in 4 people (17.4%); After a two-stage treatment, these complications were not noted.

The dependence of the occurrence of complications on gender, age, localization of the abscess, purulent passage and its internal opening, the recurrent form of paraproctitis was not revealed.

The occurrence of incontinence after dissection of the purulent passage into the lumen of the intestine and the ligature method does not depend on the timing of these operations.

In the long-term period, patients with incontinence underwent the functional state of the obturator apparatus of the rectum by sphincterometry, electromyography, manometry, and ultrasound with a rectal probe.

The revealed violations of the function of the sphincter are due to the presence of a wide, rough postoperative scar in it. The cause of incontinence in these patients was not only a violation of the contractility of the external and internal sphincters, but also a violation of its reflex activity due to surgical trauma.

Long-term results of treatment were traced in 38 patients who made up the main group. A comparative assessment of these patients was carried out with 39 patients operated on by the two-stage ligature method, who were included in the control group.

In the study of long-term results, there was no significant difference in the occurrence of postoperative complications. As a result of the examination of the obturator apparatus of the rectum in the studied groups, it was revealed that after surgery with the use of a latex ligature, the function of the sphincter suffers less than after surgery with the use of a silk ligature. This is due to the fact that with a constant circular pressure of the latex ring, a narrower and stronger scar is formed in a well-drained wound. At the same time, a wide, rough scar of the internal sphincter, which, according to ultrasound, and sectoral electromyography, is more often observed after surgery with a silk ligature, provides an increase in relaxation of the internal sphincter, a decrease in residual pressure in the canal, which entails uncontrolled incontinence of one degree or another.

DISCUSSION

Some authors suggest limiting themselves to outpatient opening and drainage of the pararectal abscess and performing radical surgery in the case of rectal fistula formation [2, 10, 24, 25, 30]. At the same time, they quite reasonably note that in 30% of patients, after a simple opening of the abscess, complete recovery occurs, and radical treatment in this case is an additional unjustified injury to the sphincter [31].

Radical surgery for a formed fistula, in conditions of a widespread cicatricial process in the wall of the canal of the pararectal tissue, as a rule, is supplemented by excision of scars, leads to greater trauma to the sphincter [11, 12]. As a result, there is weakness of the sphincter of varying degrees [19, 23].

Under conditions of severe cicatricial process, it is more difficult to identify the direction of the fistula, and the localization of the internal opening, which is often covered with a thin scar [13]. Under these conditions, the likelihood of leaving them uncleaned increases, which can cause a relapse of the disease [14].

Some researchers suggest operating on patients radically on an emergency basis, arguing that an experienced proctologist will always find a purulent course and an internal opening of the abscess. With this treatment tactic, there is no need for a second operation, and the bedday is reduced [15].

The surgeon's desire to perform emergency radical surgery is quite understandable. But this is not always possible, since in conditions of acute inflammation with soft tissue edema, it can be quite difficult to accurately determine the affected crypt and the localization of the purulent course, especially with a high location of the latter. According to studies by a number of authors, it is possible to detect a purulent course and its internal opening in acute paraproctitis only in 50% of cases. In such a situation, it is easy to make a "false move", which will lead to a relapse of the disease [20].

On the other hand, it is logical to assume that the healing of the crossed sphincter in conditions of a purulent wound will occur with the formation of a large and rough scar that deforms the canal, which in some cases leads to leaky closure of the walls of the canal [9].

CONCLUSION

In acute paraproctitis with a purulent course passing intrasphincter and through the subcutaneous portion of the external sphincter, there was no violation of the function of the sphincter either after a one-stage or after a two-stage radical operation. In acute paraproctitis with a purulent course passing intrasphincterically and through the subcutaneous portion of the external sphincter, the incidence of rectal fistulas and recurrence of the disease does not have a significant difference with one- and two-stage radical treatment. In acute paraproctitis with a purulent course passing intrasphincterically and through the subcutaneous portion of the external sphincter, and with its clear identification, it is advisable to do a radical operation in one stage.

Acknowledgements – The author expresses their gratitude to the staff of the multidisciplinary clinic of the Tashkent Medical Academy, the biotechnology research laboratory, the pathoanatomical centres and everyone who helped collect material and perform this scientific study.

Conflict of interest - The authors declare that the research was conducted without any commercial or financial relationships that could be construed as a potential conflict of interest.

Financing – No financial support has been provided for this work.

Data availability statement - The original contributions presented in the study are included in the article material, further inquiries can be directed to the corresponding authors.

Ethics approval and consent to participate - All patients gave written informed permission to participate in the study.

Consent for publication - The study is valid, and recognition by the organisation is not required. The authors agree to open the publication.

Availability of data and material - Available

REFERENCES:

1. A case of a clinical course of a purulent-inflammatory disease of soft tissues against the background of diabetes mellitus (2018) / AO Okhunov, UI Pulatov, DA Okhunova // European research: innovation in science, education and technology London, United Kingdom – Pages 19-22.
2. Alf IM, An VK, NIkolina EM, Studenkova AV, Polukarov VA, Chakhvashvili RI. Ostryĭ paraproktit: vybor metoda khirurgicheskogo lecheniia [Acute paraproctitis: choice of surgical treatment]. Khirurgiia (Mosk). 1994 Oct;(10):10-2. Russian. PMID: 7723254.
3. Clinical and Morphological Substantiation of the Choice of Treatment Method for Diabetic Foot Syndrome (2023) / Alisher Okhunov, Sarvar Atakov, In-

ayat. Sattarov, Kuvandik. Matmuratov, U Kasimov, F Abdurakhmanov, Q Boboev, A Fakirov, A Bobobekov, X Xudayberganova // European Chemical Bulletin – Volume 12, Issue 7, Pages 4585-4597.

4. Clinical cases from the practice of members of the surgical infectious society of North America (2023) / A.O. Okhunov // Journal of Education and scientific medicine – Volume 1, Issue 3, Pages 76-84.
5. Diabetes mellitus and surgical infection (2023) / A.O. Okhunov, Sh.A. Khamdamov // British Medical Journal – Volume 3, Issue 3, Pages 107-119.
6. Endovascular methods for correcting angiopathy of the diabetic foot syndrome in patients after COVID-19 (2022) / A.O. Okhunov // 16th European Diabetes and Endocrinology Congress – Pages 12-15.
7. Fargals in the treatment of necrotic infections of soft tissues on the background of diabetes mellitus (2023) / UK Kasimov, AO Okhunov // Research Jet Journal of Analysis and Inventions – Volume 4, Issue 2, Pages 63-73.
8. Influence of bariatric operations on the course of the ulcerous-necrotic process in patients with diabetes type 2 (2019) / A.O. Okhunov, D.A. Okhunova // WCITD-2019.
9. Kamaeva DK, Koplatadze AM, Kim SD, Bolkvadze EE, Egorkin MA, Kuznetsov NIu. Lechenie bol'nykh ostrym paraproktitom metodom lateksnoĭ ligatury [Treatment of acute paraproctitis by latex ligature method]. Khirurgiia (Mosk). 2000;(10):31-4. Russian. PMID: 11070669.
10. Kondratenko PG, Elin FE, Avraimov SL, Sobolev DV. Primenenie magnitoterapii pri ostrom paraproktite [Application of magnetic therapy in acute paraproctitis]. Klin Khir. 2003 Sep;(9):15-6. Russian. PMID: 14663902.
11. Kondratenko PG, Elin FE, Avraimov SL. Primenenie amoksiklava v lechenii ostrogo paraproktita [Amoxiklav in the treatment of acute paraproctitis]. Klin Khir. 2002 Sep;(8):42-3. Russian. PMID: 12378936.
12. Koplatadze AM, Bondarev IuA, Nosov VA. Radikal'noe khirurgicheskoe lechenie bol'nykh so slozhnymi formami ostrogo paraproktita [Radical surgical treatment of patients with complicated forms of acute paraproctitis]. Khirurgiia (Mosk). 1994 Dec;(12):19-21. Russian. PMID: 7897941.
13. Kuznetsov VI, Deviatov VA. Oshibki, opasnosti i oslozhneniia v diagnostike i lechenii ostrogo gnoĭnogo pel'viorektal'nogo paraproktita [Errors, risks and complications in the diagnosis and treatment of acute suppurative pelviorectal paraproctitis]. Vestn Khir Im I I Grek. 1988 Apr;140(4):103-5. Russian. PMID: 3420733.
14. Mamedov MM, Mustafayeva MF. [New approaches in surgical treatment of acute paraproctitis]. Klin Khir. 2015 Feb;(2):20-1. Russian. PMID: 25985689.
15. Militsa NN, Toporov IuD, Kozlov VB, Davydov VI, Grebennikov DS, Postolenko ND. [The treatment of an acute paraproctitis]. Klin Khir. 2008 Oct;(10):37-9. Russian. PMID: 19405402.
16. Morphological aspects of wounds in patients with purulent inflammation of soft tissues in diabetes mellitus and under the influence of granulocyte-colony-stimulating factor (2022) / U.I. Pulatov, R.I. Israilov, A.O. Okhunov, F.M. Abdurakhmanov, K.H. Boboev // Journal of education and scientific medicine – Volume 2, Issue 3, Pages 43-50.
17. Morphological characteristics of results of treatment of diabetic angiopathy (2019) / AO Okhunov // International journal of diabetes and metabolic disorders – Volume 4, Issue 4, Pages 1-3.
18. New approaches to improve autodermaplasty results (2023) / FM Abdurakhmanov, Sh.A. Khamdamov, DA Korikhonov, A.O. Okhunov // Journal of Education & Scientific Medicine – Volume 2, Issue 1. – Pages 22-27.
19. Nikolsky VI, Sergatsky KI, Klimashevich AV, Ogorodnik EV. Redkie prichiny ostrogo gnoĭnovospalitel'nogo porazheniia pararektal'noĭ kletchatki i gangreny Furn'e [Rare causes of acute purulent-inflammatory lesions of pararectal tissue and Fournier's gangrene]. Khirurgiia (Mosk). 2020;(2):68-73. Russian. doi: 10.17116/hirurgia202002168. PMID: 32105258.
20. Ofanesian SS. Diagnostika i lechenie gnoĭnykh protsessov, vyzvannykh neklostridia'lnoĭ anaérobnoĭ mokrofloroĭ [Diagnosis and treatment of suppurative processes caused by non-clostridial anaerobic microflora]. Khirurgiia (Mosk). 1989 Jun;(6):68-71. Russian. PMID: 2779129.
21. Prediction and prevention of sepsis in patients with necrotizing fasciitis on the background of diabetes mellitus (2023) / A.O. Okhunov // 42-Annual Meeting of the Surgical Infection Society, Westlake Village, CA April 11-14, 2023 – Pages 39.
22. Prolonged intraarterial catheter therapy for diabetic gangrene of the lower limb (2023) / A.O. Okhunov, F.A. Abduralhmanov // 42-Annual Meeting of the Surgical Infection Society, Westlake Village, CA April 11-14, 2023 – Pages 38.

23. Selivanov VI, Toskin LK, Selivanov AV. Lechenie pri ostrom podkovoobraznom paraproktite [Treatment of acute horseshoe-shaped paraproctitis]. Vestn Khir Im I I Grek. 1981 Mar;126(3):59-61. Russian. PMID: 7233755.
24. Semchenko LIu, Poluéktov LV, Stepanov SS, Poluéktov VL, Semchenko EV, Liust AIa. Mestnaia sorbtsionno-detoksikatsionnaia terapiia v kompleksnom lechenii ostrogo gnoĭnogo paraproktita [Local sorption-detoxication therapy in combined treatment of acute purulent paraproctitis]. Khirurgiia (Mosk). 2002;(12):38-41. Russian. PMID: 12522926.
25. Tamm TI, Bardiuk AIa, Sedak VV, Datsenko AB. Primenenie ul'trazvukovogo issledovaniia v diagnostike "vysokikh" form ostrogo paraproktita [Application of ultrasonic investigation in diagnosis of "high" forms of an acute paraproctitis]. Klin Khir. 2001 Mar; (3):43-5. Russian. PMID: 11482217.
26. The choice of method of surgical correction of complicated forms of diabetes type 2 (2019) / AO Okhunov // International Journal of diabetes and metabolic disorders – Volume 4, Issue 4, Pages 1-3.
27. The microbiological environment of wounds and skin in patients with purulent-inflammatory diseases of soft tissues (2023) / W.S. Jonson, A.O. Okhunov, S.S. Atakov, U.K. Kasimov, I.S. Sattarov, Sh.A. Bobokulova, Sh.A. Khamdamov, D.N. Korikhonov, F.M. Abdurakhmanov, K.Kh. Boboyev // Journal of Educational and Scientific Medicine – Volume 2, Issue 2, Pages 72-81.
28. The reasons for the generalization of infection in patients with purulent-inflammatory diseases of soft tissues against the background of diabetes mellitus (2016) / AO Okhunov, BD Babadzhanov, UI Pulatov // Bulletin of the Tashkent Medical Academy – Volume 4, Pages 89-93.
29. To Some Questions About the Treatment of Diabetic Foot Syndrome in Patients with Covid-19 (2023) / A.O. Okhunov, F.M. Abdurakhmanov // Eurasian Medical Research Periodical – Volume 20, Pages 216-221.
30. Toropov IuD, Stavitskiĭ VV, ZgurskiI VG, Kravtsov NG. Khirurgicheskaia taktika pri ostrom anaérobnom paraproktite [The surgical procedure in acute anaerobic paraproctitis]. Vestn Khir Im I I Grek. 1993 May-Jun;150(5-6):35-7. Russian. PMID: 8091577.
31. Ul'ianov VI, Babaev OG, Avanesov SB, Neshitov SP. Pervichno-otsrochennoe radikal'noe khirurgicheskoe lechenie ostrogo gnoĭnogo paraproktita [The primary postponed radical surgical treatment of acute suppurative paraproctitis]. Khirurgiia (Mosk). 1992 Feb; (2):130-2. Russian. PMID: 1527955.
32. Ways to achieve positive results of dermaplasty in patients with diabetic foot syndrome (2023) / A.O. Okhunov, F.M. Abdurakhmanov // British Medical Journal – Volume 3, Issue 1, Pages 92-98.
33. Why does surgical infection often affect diabetics? : A literature review of recent data (2023) / B. Babadjanov, A.O. Okhunov, S. Atakov, U. Kasimov, I. Sattarov, K. Matmuratov, A. Bobobekov, N. Khudaybergenova, Sh. Khamdamov, Sh. Bobokulova, K. Boboyev, F. Abdurakhmanov, D. Korikhonov // Journal of education and scientific medicine – Volume 1, Issue 3, Pages 66-75.

How to Cite: *Bobobekov A.R. Differentiated approach to surgical treatment of acute purulent paraproctitis // Journal of Education and Scientific Medicine – 2023. Volume 2, Issue 2, P. 96-102*

O'TKIR YIRINGLI PARAPROKTITNI JARROHLIK DAVOLASHGA DIFFERENTSIAL YONDASHUV

Bobobekov A.R.
Toshkent tibbiyot akademiyasi

ABSTRAKT

Dolzarbligi. O'tkir paraproktit bilan og'rigan bemorlarni jarrohlik yo'l bilan davolash natijalarini yaxshilash zamonaviy shoshilinch proktologiyaning dolzarb muammosi hisoblanadi.

Material. 2000-2022 yillarda Toshkent tibbiyot akademiyasining Ko'p tarmoqli klinikasi xirurgik infeksiya bo'limida o'tkir paraproktit bilan og'rigan bemorlar.

Natijalar. Tashqi sfinkterning teri osti qismidan o'tuvchi intrasfinkter yoki transsfinkterli o'tkinchi o'tkir paraproktit uchun radikal jarrohlik yiringli kursni aniq belgilash va uning ichki ochilishi bilan bir bosqichda amalga oshirilishi mumkin. Tashqi sfinkter yoki ekstrasfinkterning chuqur qismidan o'tadigan yiringli kursi bilan pararektal xo'ppozni yuqori darajada lokalizatsiya qilish bilan, yaradagi yiringli jarayon bartaraf etilganidan so'ng bemorni kasalxonadan chiqarmasdan ikkinchi bosqichda radikal operatsiyani amalga oshirish yaxshidir.

Xulosa. Tashqi sfinkterning chuqur qismidan o'tuvchi ekstrasfinkter va transsphincter yiringli o'tish bilan tanlashning ishlashi lateks ligaturasi yordamida takomillashtirilgan usul hisoblanadi.

Tayanch iboralar: Paraproktit, pararektal oqma yara, anal sfinkter

ДИФФЕРЕНЦИРОВАННЫЙ ПОДХОД К ХИРУРГИЧЕСКОМУ ЛЕЧЕНИЮ ОСТРОГО ГНОЙНОГО ПАРАПРОКТИТА

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АБСТРАКТ

Актуальность. Улучшение результатов хирургического лечения больных острым парапроктитом является актуальной проблемой современной неотложной проктологии.

Материал. Больные с острым парапроктитом из отделения хирургической инфекции Многопрофильной клиники Ташкентской медицинской академии за период 2000-2022 годы.

Результаты. Радикальная операция по поводу острого парапроктита с интрасфинктерным или транссфинктерным гнойным ходом, проходящим через подкожную порцию наружного сфинктера, может выполняться одноэтапно при точном определении гнойного хода и его внутреннего отверстия. При высокой локализации параректального гнойника с гнойным ходом, проходящим через глубокую порцию наружного сфинктера или экстрасфинктерно, радикальную операцию лучше выполнять вторым этапом без выписки больного из стационара после ликвидации гнойного процесса в ране.

Заключение. При экстрасфинктерном и транссфинктерном гнойном ходе, проходящем через глубокую порцию наружного сфинктера, операцией выбора является усовершенствованная методика с применением латексной лигатуры.

Ключевые слова: Парапроктит, параректальный свищ, анальный сфинктер