

XVII. Diseases of the Digestive System

N.B.2:

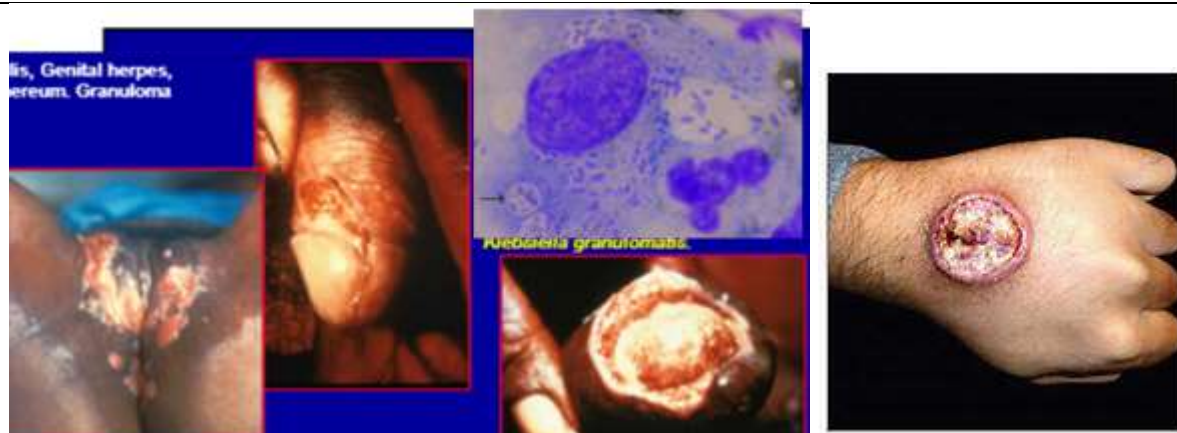
Some other lesions in anal and rectal regions (of special surgical interest)

I. Lymphopathia venereum:

- A contagious venereal disease (a primary sore on corona or posterior vaginal wall); more in the poor coloured-race.
- A superficial painless vesicle → papule → shallow ulcer → nodules (buboes) along the draining lymphatics (inguinal in males, anorectal in females) → large, matted and firm then soft nodules → abscesses → sinuses on overlying skin → destruction of genitals, perineum anus and rectum → cicatrice rectal stricture (in females):
- **The cause:** A *specific virus transmitted by sexual contact*, involving the skin (in and about the external genitalia), then spreading to regional lymph nodes.

**II. Granuloma inguinale:**

- A chronic ulcerating granulomatous disease occurring on the *genitals, perineum, anus, peri-anal region and occasionally extra-genital organs but not the rectum.*
- A moist inflammatory **papule** → large irregular indurated relatively-painless' ulcers (with rounded red borders) between which are granulomatous masses.
- Occasionally, excess fibrosis → large irregular nodular-scars but no involvement of inguinal lymph nodes.
- **The cause: Donovan bodies.**



III. Anal condylomata:

1. *Condyloma lata* (syphilitic).
2. Wart-like infectious polypoid at the moist peri-anal surfaces of skin (viral).

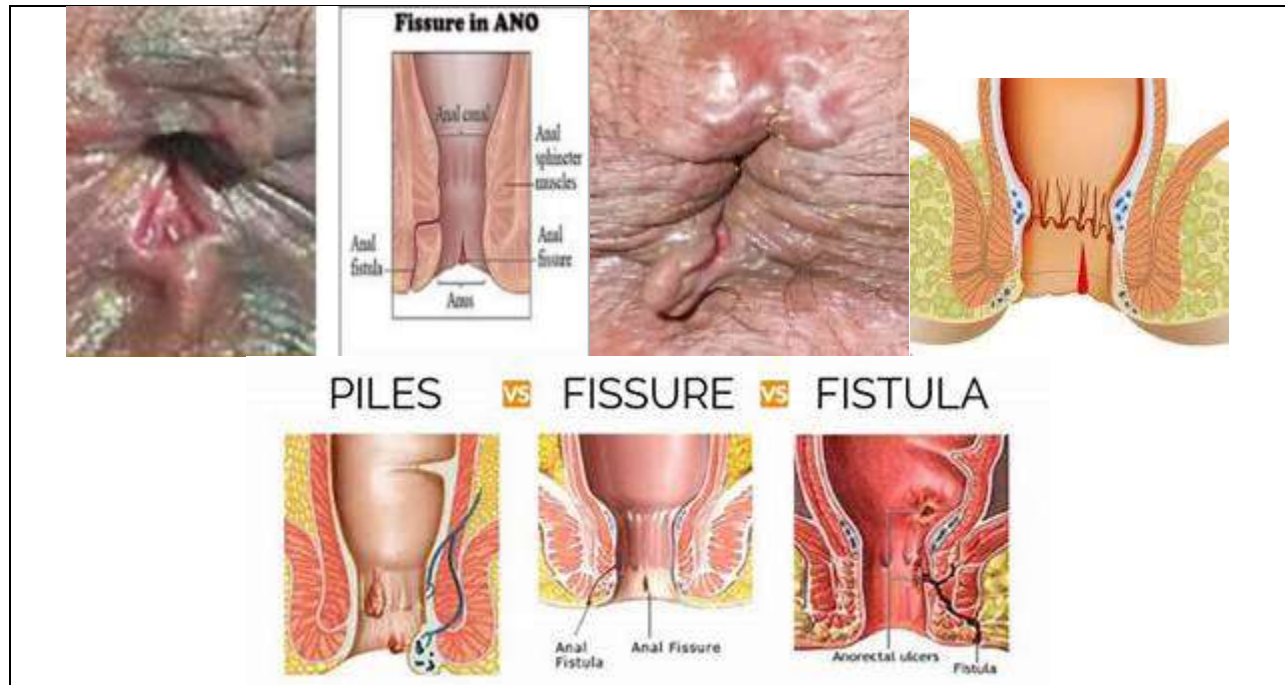


<p>Pointy, nodding cauliflower papules</p> <p>Condylomata acuminata (HPV)</p>	<p>Smoothed plaques</p> <p>Condylomata lata (Secondary syphilis)</p>	GIANT CONDYLOMA ACUMINATUM (GCA; BUSCHKE-LÖWENSTEIN TUMOR)	
		<p>Gross picture of Buschke-Lowenstern tumor</p>	<p>Numerous koilocytes</p>



IV. Anal fissure:

- A break in the anal lining due to trauma of bowel-movement → pain and bleeding with defecation; later on → a hypertrophied pile-like papilla.
- **Complications:**
 - Anal abscess.
 - Fistula-in-Ano → purulent discharge, pain, tenderness and local itching.



V. Ano-rectal stricture (or stenosis):

- (1) Congenital and
- (2) Acquired (traumatic, post-operative and inflammatory).

VI. Bleeding from anal orifice

(Melena when grossly-detected; and, occult blood in stools when only microscopically-detected).

1. **Oesophagus:** Varicose veins, peptic ulcer, Oesophagitis and tumours.
2. **Stomach:** Varicose veins, peptic ulcer, gastritis, tumours and hiatus hernia.
3. **Small intestine:** Peptic ulcer (duodenal), ulcers in general (peptic, typhoid, tuberculous and regional ileitis), phlegmonous enteritis, tumours, intussusception and diverticula; blood is mixed roughly with stool and mucus.
4. **Large intestine:** Ulcers (uremic, bacillary, amoebic, Bilharzial, idiopathic, actinomycotic, leukemic and stercoral), regional colitis, tumours, intussusception, volvulus, strangulation and diverticulitis.
5. **Rectum and anal canal:** Hemorrhoids, proctitis, syphilis, Bilharzia, tumours and anal fissure; *the blood streaks are red and on outside of stool.*
6. **Lesions anywhere in alimentary canal:**
 - Trauma to abdomen,
 - Rupture by penetrating or non-penetrating injuries and wounds,
 - Erosions from foreign bodies,
 - Rupture of a closely-adherent aneurism and
 - Thrombosis or embolism of vessels resulting in infarcts or gangrene.
7. **Swallowed blood (from bleeding of mouth, nose, pharynx and lungs).** The blood will appear (in stool) as that originating from oesophagus and stomach namely is brownish-black and thoroughly-mixed with the stool.
8. **Diseases of the heart** (congestive cardiac failure) and liver (cirrhosis) associated with circulatory *failure and increased venous pressure.*
9. **Blood dyscrasias and haemorrhagic diseases:**
Leukaemia, anaemias (aplastic, haemolytic, splenic etc.), purpura and hereditary haemorrhagic diseases.
10. **Systemic disturbances :**
Vitamin-C deficiency, septicemia, infectious diseases (yellow fever, malaria, scarlet fever, cholera, small pox etc.), and allergy.

VII. Faecal fistula (external or internal):

- (1) Congenital (recto-vaginal,-vesical or-urethral),
- (2) Inflammation (peri-rectal or prostatic abscesses), tuberculosis, actinomycosis, regional ileitis or colitis and diverticulitis,
- (3) Malignant tumours (carcinoma of bowel, of prostate and of ovary) and
- (4) Mechanical factors (strangulated hernia), war-wounds, operations (colostomy), irradiation and instrumentation (cystoscopy).

FISTULA-IN-ANO

Chronic abnormal communication usually lined to some degree by granulation tissue, which runs outwards from anorectal lumen (internal opening) to skin of perineum or the buttocks (external opening)

