

Editorial

Anal Pathology in Infant: Perianal Abscess

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A 1-month-old infant who consults for the appearance of non-painful redness, margin anal 1 centimeter left, with central violaceous area, without suppuration, nor fever, 5 days of evolution (figure 1). Normal rectal tone. No history of interest. Breastfeeding exclusive with good weight gain. Meconiorrexisat 12 hours and bowel movements past daily pasty.

Perianal abscess is infrequent in daily practice, but not exceptional. The infant shows good health, is afebrile, hardly manifests pain or discomfort, or symptoms systemic, presenting itself in an ambulatory rather than hospitable context [1,3].

It originates from an inflammation and infection of a crypt of the dentate line, which originates the formation of an internal abscess that drains into the perianal skin, forming an abscess visible. As a complication, you may have a fistula between the two areas that may be chronified [2,3].

Traditionally perianal abscesses were treated with surgery. At present, demonstrated that medical treatment is superior to surgery, with a lower risk of cause an anal fistula, so it is of choice [2]. Includes an oral antibiotic antiesthetikococcal, frequent area washes and ambulatory supervision.

Surgery will be indicated if no response is obtained to medical treatment, large or painful abscesses, and signs of systemic toxicity or if there is a fistula that can be chronic [3].

References

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Figure 1. Perianal abscess image showing the 1 centimeter lesion with central violaceous zone

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