

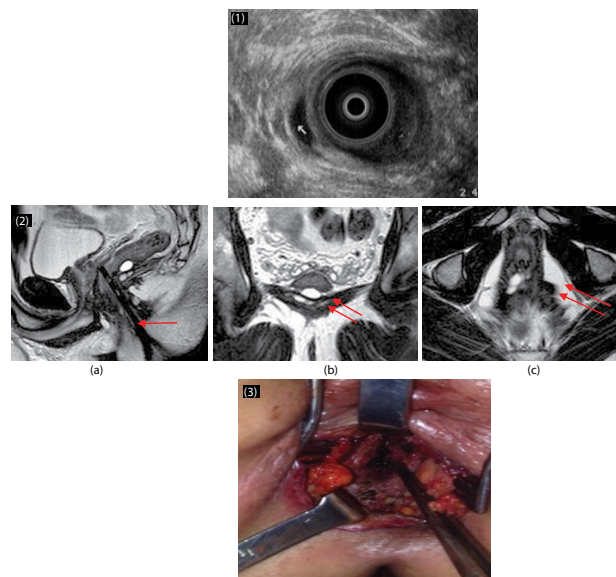
## Case Blog

### Title: Evaluation of Recurrent and/or Persistent Complex Ano-Perianal Abscess after Surgery: The Unique Value of Magnetic Resonance (MR) Imaging

Vittorio Piloni<sup>1\*</sup> and Mario Pescatori<sup>2</sup>

<sup>1</sup>Diagnostic Imaging Centre, Studio Ronconi Rome, Italy

<sup>2</sup>Coloproctology Unit, Parioli Clinic Rome, Italy



**Figure 1:** Two-dimensional endoanal ultrasonography with a 360° rotating probe and the patient in the left lateral decubitus (Sims position): a 1-cm oval-shaped hypoechoic mass (arrow) is shown in the retrorectal space above the level of the levator plane.

**Figure 2:** TSE T2-weighted MR pulse sequence of the pelvis obtained in the sagittal (a), oblique coronal (b) and oblique axial (c) plane taken parallel and perpendicular to an intra-anal marker (single arrow), respectively: a complex collection of pus (double arrows) consistent with chronic abscess is seen to be located partially above (14.6 x 7.2 mm) and partially below (13.1 x 4.8 mm) the levator plate which is increased in thickness due to inflammatory involvement.

**Figure 3:** At surgery, the postanal space is entered by a posterior incision 2 cms away from the anus, thus entering the superficial retrorectal space: the inflammatory mass is excised without damaging the anal sphincter complex.

## Introduction

Despite proper treatment and apparent healing after surgery, a recurrent ano-perianal abscess may develop in up to 10% of patients, especially if the opening on the skin heals. Factors reported to be associated with recurrence include complex type of fistula, horseshoe extension, lack of identification or lateral location of the internal opening, previous fistula surgery, and the surgeon performing the procedure [1]. Findings on pelvic MRI have been shown to have accuracy up to 90% for mapping the fistula tracts and 80-90% concordance with operative findings. We report the unusual case of an unknown persistent deep perirectal abscess occurring in an asymptomatic man two years after surgery.

## Case Blog

A forty-year-old male with remote history of surgical incision of his perirectal abscess dating back to the age of four, and two more recent operations aimed at draining a perianal abscess 5 years before, was admitted at the Coloproctology Unit of Parioli Clinic, Rome, Italy in November 2013 because of painful supralelevator abscess, which was successfully treated via intersphincteric route (MP). Worthy of notice, just prior the onset of symptoms and the patient had experienced a stressful period of time during troublesome separation from his wife. As known, this psychological event is capable to adversely affect the immune

\*Corresponding author: Piloni V, Diagnostic Imaging Centre- Studio Ronconi Rome, Italy, Tel: +39 347 3587406; E-mail: [vittorio.piloni@libero.it](mailto:vittorio.piloni@libero.it)

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body defenses, potentially playing a relevant role in the process of anal sepsis [2]. After operation, the patient did well for nearly two years until, during the second yearly routine control in April 2015, with no evidence of any symptom and/or abnormality at physical examination, a 1-cm round mass of mixed echogenicity was found at endoanal ultrasonography (Figure 1) above the levator plate in the retrorectal space, which was suggested to represent either recurrence of disease or post-surgical fibrosis. For better depiction, a subsequent pelvic MR series (VP) confirmed the presence of the lesion as being even greater in size (> 2 cm) and located partially above and partially below the levator plate, which was seen to be affected itself by the inflammatory process (Figure 2a-2c). Nevertheless, due to both overt skepticism of the surgeon and reluctance of the patient, a new surgery was postponed and the “wait and see” policy was chosen. Just a week later, however, the patient started complaining sharp anal pain and swelling in the perianal region, which was also appreciated on palpation by the surgeon in the outpatients. At surgery, after opening the Waldeyer fascia posteriorly in the midline and entering the superficial retrorectal space, an inflammatory mass was found and surgically excised (Figure 3), finally reported at pathology to represent a chronic abscess.

#### References

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2. Cioli VM, Gagliardi G, Pescatori M (2015) Psychological stress in patients with anal fistula. *Int J. Colorect Dis* 30: 1123-1129