

# TREATMENT OF PATIENTS WITH ACUTE PARAPROCTITIS AGAINST THE BACKGROUND OF THE INOPERABLE MALIGNANT TUMORS OF THE RECTUM

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**ABSTRACT** — In all developed countries there is a clear upward trend in the incidence of colorectal cancer. The presence of highly virulent infection in the contents of the colon causes the inflammatory component of the process, the penetration of infection in adrectal fiber and as a result — the emergence adrectal abscesses. The aim is to analyze the results of treatment of patients with suppurative processes in adrectal tissue on a background of colon cancer. It was found that the operation, aimed at opening and drainage of a pararectal abscess or phlegmon of perineum allows you to temporarily stop the purulent process. New onset of inflammation in adrectal tissue is often repeated. It is advisable to consider the implementation of sanitary resection operations in such group of patients aimed at eliminating the primary malignant tumor.

**KEYWORDS** — tumor of the rectum, the destruction of the tumor, abscess of perirectal cellular tissue, acute paraproctitis

## INTRODUCTION

In all economically developed countries there is a clear upward trend in the incidence of colorectal cancer [1]. Now cancer of the colon and rectum is ranked third in the world in the structure of malignant tumors [2]. In Russia, over the last 20 years colon cancer has moved from 6th to 4th place among women and to the third among men's behind only cancer of lung, stomach and breast [3]. Increase in the absolute number of patients with cancer of the rectum and

colon in Russia from 2002 to 2009 was 12.7% among men and 14.5% among women [1].

Malignant tumors of the rectum are characterized by slow growth and the gradual appearance of clinical symptoms. Expressed symptoms of the disease occur when the tumor reaches large size. In most cases of colorectal cancers, tumor growth is noted mainly in depth, on the body wall, and its thickness, which is the cause of infection in adrectal fiber. The presence of highly virulent infection in the contents of the colon leads to instant connection of inflammatory component, the penetration of infection in pararectal fiber and as a result — the emergence of pararectal ulcers. At the same time questions of diagnostics and treatment of patients with suppurative pararectal diseases are not lose their relevance [4, 5].

### *Purpose of the research:*

analyze the results of treatment of patients with suppurative processes pararectal tissue against the background of colon cancer.

## MATERIALS AND METHODS OF RESEARCH

In total from 2012 to 2014 we have observed 18 cases of suppurative diseases pararectal tissue against the background of the tumor process of rectum.

It should be noted that in 9 (50%) cases, patients admitted to hospital several times over the period of

observation, namely, 3 patients — twice, and 1 patient — three times. From the total number of men was 16 (90%), women — 2 (10%). The age of patients ranged from 54 to 79 years. According to the classification of WHO (World Health Organization (2000)), half of the patients ( $n = 9$ ) was included in the category of older (60—74 years), 6 patients — the elderly (over 75 years) and in 3 cases — elder middle age (45–59 years). The distribution of patients according to the stages of cancer of the rectum was the next: 10 patients (55.6%) had the third stage of the disease, 8 patients (44.4%) — the fourth.

In 8 (44.4%) cases, patients are admitted to hospital with a diagnosis of the colorectal cancer (while in 7 cases (38.9%) patients with a history of suffered the imposition of a discharge loop sigmoidostoma, and in 10 (56.6%) observations It was diagnosed in this hospitalization.

Time since beginning of disease according to the anamnestic data was the next: on 4 day after appearing complaints 2 (11.1%) patients admitted to the hospital, from 5 to 11 days 7 (38.9%) patients was hospitalized, 12 to 15 days of beginning of disease — 5 (27.8%) patients, finally, after 16 days from the beginning of the first symptoms of the disease 4 (22.2%) patients was hospitalized.

Surgical intervention for pararectal suppurative processes against the background of the decaying tumors of the rectum is performed always on an emergency basis for urgent indications. Sometimes, delay of 1–3 hours was associated with severe general condition of the patient and intensive preoperative preparation. The antibacterial therapy started perioperatively. According to the testimony we carried out intensive infusion, transfusion therapy, detoxification and symptomatic treatment.

Operations of opening purulent pararectal cavity is performed under general anesthesia: we perform a wide opening pararectal abscess (phlegmon of perineum), which allowed us to carry out an adequate audit with assessment of the scope of affected tissues. We finish the surgical intervention by abundant washing wounds with an antiseptic solution, drainage of ischiorectal and pelviorectal spaces.

In the postoperative period we performed daily often dressings under intravenous sedation or neuroleptic analgesia with participation of anesthesiologist. During these dressings wound surface was sanitize antiseptic solutions, carried out by washing the cavity drains. At revealing during dressings more deeply drained streaks, we performed repeated operative interventions under general anesthesia.

## RESULTS

The maximum number of days, which patients was hospitalized with suppurative processes in the tissue on a background of inoperable rectal cancer, was 16, the minimum is 8.

The number of operations concerning pararectal suppurative disease on the background of rectal tumors for one patient was next: 12 (66.7%) cases, when patients needed only one operative intervention, which we made on emergency conditions on admission of the patient to the hospital.

In 6 (33.3%) cases we made 2 surgical interventions. In the next postoperative period treatment of these patients was limited by symptomatic conservative therapy and performing everyday dressing.

In 2 cases, in addition to operations was aimed to opening and sanitation pararectal abscess (phlegmon of the perineum), after 3–4 days the initial operation we made imposition of the loop sigmoidostoma and took into account the increasing acute colonic obstruction.

In the one case we use non-standard way of the treatment of the patient. Patient S., 63 years old, in May 2011 suffered to opening phlegmon of the perineum, in the same time diagnosis of rectal adenocarcinoma was verified. In August of that year loopsigmoidostoma was imposed. Radical surgical treatment is considered unwise, because patient had the multiple metastases of the right lobe of the liver. In February and July 2012, the patient was hospitalized with recurrent phlegmon of perineum, about which he has been repeatedly operated. Considering recurrence of inflammation pararectal fiber, in August 2012 we made obstructive low anterior resection rectal. The postoperative period was well. After discharge, patient was examined twice (December 2013 and May 2014) and recurrence of phlegmon of the perineum was not found. He died in November 2014 by reason of cancer cachexia.

Deaths during hospitalization among patients with suppurative pararectal diseases with the presence of rectal cancer have not been fixed.

## CONCLUSION

While treatment of suppurative tissue processes in the background of malignant tumors rectal, it is necessary to take into account that performed operation (opening and drainage pararectal abscess or phlegmon of the perineum) allows you to stop purulent process temporarily, but it does not eliminate the disease, because the cause of the disease is a tumor rectal. The new attacks of inflammation in pararectal tissue often repeat. That's why it's possibly to consider the question about performing for these patients sanitary resection

operations, which aimed for liquidation initial malignant tumor what can prevent recurrence of inflammation in pararectal tissue, which require to repeated surgical interventions.

## REFERENCES

1. **MESHKOV A.V., KRIVOSHEKOV E.P.** (Surgical treatment of patients with colorectal cancer complicated by intestinal obstruction, in a specialized cancer center). *The fundamental researches*, 2015, №1 (vol.1), pp. 103–106. (in Russian).
2. **JEMAL A., BRAY F., CENTER M. M., FERLAY J.** Global cancer statistics // *CA Cancer J Clin.* 2011. № 61. pp. 69–90.
3. **VOROB'EV G.I.** (Basis of coloproctology). Moscow: "Medical informative agency", 2006, 330 p. (in Russian).
4. **SERGATSKIY K.I., NIKOLSKY V.I., KLIMASHEVICH A.V., GERASIMOV A.V., KOSTIUKOVA I.M.** (Determination of dynamic of inflammatory processes of soft tissue in acute anaerobic non-clostridial paraproctitis based on data of joulemetry). *Vestnik of experimental and clinical surgery*, 2015, №4 (vol. 8), pp. 357–362. (in Russian).
5. **PERERA A.P., HOWELL A.M., SODERGREN M.H.** A pilot randomised controlled trial evaluating postoperative packing of the perianal abscess // *Langenbecks Arch. Surg.* 2015. (vol. 400). №2. pp. 267–271.