Table 4-1

Clinical Symptoms Associated With Different Types of Anorectal Abscesses

ABSCESS LOCATION	SYMPTOM	OTHER
Perianal abscess	Tender, erythematous, swollen region at anal verge	Most common anorectal abscess
Intersphincteric abscess	Asymptomatic or may present as pain out of proportion to physical exam. Can be palpated during digital rectal exam as a fluctuant mass protruding into the lumen. No visible external manifestations.	Account for 2% to 5% of anorectal abscesses
Ischiorectal abscess	Abscess may become quite large before appearance of physical exam findings. Pain and fever may develop before detection of obvious tender, indurated, or fluctuant mass in the buttocks.	Induration can be felt above the anorectal ring through the rectal wall.
Supralevator abscess	Vague pelvic or abdominal discomfort, gluteal pain, urinary retention, tenesmus, fever. Digital exam: induration or fluctuation felt above the level of the anorectal ring. In general, lack of external manifestations.	Originates from superior spread of cryptoglandular infection or from pelvic infectious processes, such as diverticulitis or Crohn's disease; most rare form of anorectal abscess.
Horseshoe abscess	Perianal swelling, pain, or drainage; fever, leukocytosis, or sepsis.	The nature and extent of these lesions frequently fail to be recognized; rigid anatomic boundaries force the abscess to extend laterally into one or both ischiorectal spaces.

exit via the skin overlying the buttock. Extrasphincteric fistulas pass from perineal/buttock skin through ischiorectal fat and levator muscles into the rectum; they may or may not be associated with a transsphincteric tract. Extrasphincteric fistulas due to trauma (ie, foreign body penetration of the perineum with subsequent tracking through the rectal wall or foreign body penetration of the rectal wall with subsequent tracking through the perineum) are not associated with a transsphincteric tract. Extrasphincteric fistulas arise from trauma to the rectum, Crohn's disease, or carcinoma.[8] Intersphincteric fistulas are the most common type of fistula and occur with a frequency of 70%.[8] The frequency distribution of transsphincteric, suprasphincteric, and extrasphincteric fistulas is 23%, 5%, and 2%, respectively.[8] Using this anatomic classification to diagnose fistulas allows the surgeon to surmise whether or not the muscles of continence will be affected during surgical management of the fistula.