

# Case Report: Abscess and Fistula

**M Brygel**

**Correspondence:**

General Surgeon

**Email:** mrgel@me.com

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## Case presentation

31 year old labourer presents complaining “he thinks he has haemorrhoids”.

**Keywords:**

anal abscess, fistula, anal polypoid tag

He describes severe throbbing pain in the anus, worse when defecating, and has night sweats.

## Case Presentation

### Visit 1

31 year old labourer presents complaining "he thinks he has haemorrhoids". He describes severe throbbing pain in the anus, worse when defecating, and has night sweats.



An anal abscess is diagnosed based on symptoms and physical examination. He is prescribed antibiotics and told to finish the entire course

**Visit 2**

He re-presents complaining the antibiotics didn't work. The abscess is drained again in the office and packing inserted into the cavity.



The abscess was drained and packing inserted,



**Visit 3**

2 months after the draining he presents again due to pain and a discharge  
On examination some pus is present in the anal orifice



The wound is probed.



A superficial subcutaneous fistula is identified by a passing probe



An anal polypoid tag was also found at the proximal end of the fissure internally



## Fistulas

Fistula may occur in many sites of the body. They are an abnormal track between two surfaces, in this case between the lining of the anal canal and the skin around the anus. A fistula forms usually after an anal abscess has drained spontaneously or following surgery. Because the track becomes lined with chronic infection it tends not to heal by itself and here is a persistent discharge of pus, which may settle temporarily, but then recurs. Fistulas can occur in association with other condition such as inflammatory bowel disease, e.g. Chrohns disease or ulcerative colitis. Usually a fistula will not heal by itself and there are a variety of ways of treating fistula depending on their size, length and how deep they are into the anal canal. The more superficial fistulas are usually readily treated surgically. In many countries particularly in larger towns or cities the surgical management of these problems would be undertaken by a qualified surgeon.

Conservative measures maybe undertaken by a general practitioner, such as the appropriate use of antibiotics.

The medical system often dictates how treatment is carried out. Increasingly in our capital cities after a history is taken and in some cases the patient is automatically referred to a specialist without examination.

An informal survey revealed that very few general practitioners would use a proctoscope these days. In fact, some would not carry out a rectal examination. With an abscess or fissure this is excessively painful. They can usually be correctly identified but occasionally a general anaesthetic is required.

The rectal region is a very sensitive region for the patient and can be a source of complaint to medical boards for perceived wrongs. Thus particular care is required in handling these patients.