

Comment

This issue of "Progress in Medicine" has been entirely devoted to the diseases of the anal canal and the perianal area.

An editorial on the correct terminology in proctology deals with a serious problem in the correct proctologic nomenclature. The need to standardize the proctologic terminology has also been pointed out by the precursor of proctology in Poland Mieczysław Tylicki, but to date there is no consensus on the subject. I think that the article by Professor Krzysztof Bielecki will provide a starting point for a broader discussion.

Two original articles cover the issue of the usability of transrectal ultrasonography in the preoperative diagnosis of anal fistula. The use of ultrasound in proctology was a milestone in the diagnosis of proctologic diseases and currently, transrectal ultrasonography in Poland has become the gold standard for preoperative diagnosis of anal fistula. In Western countries, magnetic resonance imaging is considered to be the gold standard in the preoperative diagnosis of anal fistula. In Poland, because of the high cost and low availability, MRI diagnosis is not routinely used in the case of anal fistulas. However, the diagnosis of patients with high fistulas, branched ones, especially in the course of Crohn's disease, should be supplemented by magnetic resonance imaging. The authors of the center in Lublin present the diagnostic possibilities of endosonography with hydrogen peroxide administration in the case of fistulas in children. It is known that this diagnostic method is also used in adults with good results. Another original paper based on a large group of 424 patients dealing with transrectal ultrasonography is an article demonstrating the usefulness of this diagnostic method to differentiate high and low fistulas. The determination of the anatomical course of the fistula, and in particular, its relationship to the sphincter muscle is a key element in planning operational methods.

Another original article is the work of the surgeons of the center in Wołomin relating to the impact of the interaction on the scope of surgical procedures performed in patients with colorectal cancer surgery in the local hospital in Wołomin. The results of colorectal cancer treatment in Poland are among the worst ones in Europe. The high recurrence rate and the low rate of 5-year survival is linked mainly to the detection of cancer in the late stages of development. Polish health care system creates a situation in which patients with colon cancer are treated not only in oncology referral centers, working exclusively on a scheduled basis, but mainly in the "field", in the district hospitals. Most patients are operated on an ad hoc basis, as it has been confirmed by the results presented by the authors. The presented material shows the real picture of the degree of the advancement of colon cancer in the study population (the district of Wołomin is geographically the largest one in Poland), undistorted by the selection of patients resulting from the planned cancer centers' operation.

The articles presented current medical treatment of the most common proctologic diseases: the hemorrhoidal disease and anal fissures. Especially in the treatment of anal fissures, major changes have occurred in the recent years, the indications for conservative treatment have been significantly expanded, there are also some new drugs described by the authors of the article. 3D ultrasound has significantly expanded proctology diagnostic possibilities. The article on the diagnosis of non-neoplastic changes in the anal canal using 3D ultrasound is presented by the authors from the center in Lublin. Another article concerns the diagnosis and the treatment of urinary and bowel gas. This condition affects about 4% of the adult population. Faecal incontinence is called a "silent disease" because of both, the intimate nature of complaints and not noticing the problem by us, the doctors. The failure of the sphincter muscle rehabilitation treatment (biofeedback therapy, electrostimulation of muscles) in Poland is not reimbursed by the National Health Fund. However, it is an indisputable fact that the problem of diagnosis and the treatment of patients with faecal incontinence exists, and the treatment of patients suffering from incontinence is complicated. The number of centers in Poland dealing with this complex problem is small.

The paper presents the diagnosis of incontinence, the multifactorial disease etiology was analyzed along with the difficult problem of treatment. In this issue there are also two articles about cancer: the anal canal and anal verge (Buschke-Loewenstein tumor). They describe the current state of knowledge about the diagnosis and the treatment of rectal cancer. I especially recommend the paper by the Department of Oncology, the Cancer Center and the Maria Skłodowska-Curie Institute of Oncology in Warsaw, where you shall find modern algorithms of dealing with patients suffering from rectal cancer. Although the treatment of colorectal cancer with chemoradiotherapy has remained unchanged for nearly thirty years, attention has been drawn to the growing impact of the liberalization of sexual behavior and the increasing number of patients with immune deficits on the increasing incidence of colorectal cancer. The importance of careful observation of the patient after the completion of chemoradiation was stressed due to the relatively high efficiency of the treatment of local recurrence of the disease.

The last article is about the difficult problem of the treatment of complex anal fistula of crypt-derived etiology. Branched, complex anal fistulas are a challenge for every colorectal surgeon. I think that the article shall be of interest for all those fellow surgeons who deal with anal fistula operations on every day basis, even more that in the Polish literature, concerning the operations of complex fistulas, only a few publications can be found. I hope that this issue of "Progress in Medicine", systematizing the knowledge of proctology, will be useful in their daily work with patients.

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