PREFACE

Anorectal Disease

Anorectal diseases are very common problems that affect many patients of all ages. Treatment is sought from internists and family practitioners, gynecologists, gastroenterologists, general surgeons, and colorectal surgeons. It is critical to understand the basic principles of diagnosis and treatment of these problems to best serve our patients and recognize when they deserve specialty care.

In this issue we will review the most common anorectal conditions as well as some important prob-

lems seen less frequently. Hemorrhoids can often be treated without surgery and may be amenable to office therapy. The correct treatment of anorectal abscesses and fistulas can be challenging even for the expert, and therefore should be referred to a specialist early in their management. Anal fissures usually respond to simple measures; Botox injection has changed our surgical algorithm. The treatment of anal warts and anal intra-dermal neoplasia remains quite controversial. Surgery for rectal prolapse is best performed by the colon and rectal surgeon because many important decisions must be made before and during surgery. Pilonidal disease, now considered to be acquired and not congenital, has many different surgical options. Anal cancer is rare, but very responsive to chemoradiation; early diagnosis is critical. Fecal incontinence can be devastating and often goes undiagnosed and undertreated because of the associated societal stigma. The exact etiology of pruritus ani can be challenging to diagnose; however, the treatment often is simple once a careful history has been obtained.

I have invited a panel of excellent authors to review the current management of anorectal diseases. It is our hope that you will enjoy this issue and feel confident that your knowledge has been appropriately updated in this field.

Gerald A. Isenberg, M.D.¹
Guest Editor

¹Division of Colon and Rectal Surgery, Department of Surgery, Jefferson Medical College of Thomas Jefferson University, Philadelphia, Pennsylvania.

Address for correspondence and reprint requests: Gerald A. Isenberg, M.D., Division of Colon and Rectal Surgery, Department of Surgery, Jefferson Medical College of Thomas Jefferson University, 1100 Walnut St., #500, Philadelphia, PA 19107 (e-mail:

Gerald.isenberg@jefferson.edu).

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