

# Anorectal pain

(March 2022)

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## Rationale

Anorectal pain can be associated with potentially serious underlying pathology. However, most causes of anorectal pain are treatable. Early identification and treatment are important to reduce morbidity.

## Causal Conditions

(list not exhaustive)

- Anorectal disease
  - a. Inflammatory bowel disease
  - b. Fissures, fistulas
  - c. Hemorrhoids
- Dermatologic disease
  - a. Contact dermatitis or atopic dermatitis
- Malignancy (dermatologic or gastrointestinal)
- Infections
  - a. Sexually transmitted
  - b. Bacterial, fungal, or parasitic
- Trauma
- Coccygeal pain
- Complications of gastrointestinal disease

## Key Objectives

Given a patient with anorectal pain, the candidate will complete a relevant history and physical examination, and order pertinent investigations to determine the most likely diagnosis. The candidate will initiate an appropriate management plan. In particular, the candidate should be cognizant of risk factors or symptoms suggestive of underlying disease.

## **Enabling Objectives**

Given a patient with anorectal pain, the candidate will

- list and interpret critical clinical findings, including
  - a. history of rectal pain and bleeding, disturbed bowel function, and anal trauma; and
  - b. results of an appropriate examination, including digital rectal examination;
- list and interpret investigations, including
  - a. laboratory investigations; and
  - b. endoscopic examination; and
- construct an effective initial management plan, including
  - a. determining whether the patient requires urgent surgical treatment;
  - b. counselling the patient about conservative treatment options in case of hemorrhoids and anal fissures;
  - c. counselling the patient about future preventive measures (e.g., condom use for anal intercourse); and
  - d. referring the patient for specialized care if necessary.