

## EDITORIAL BY THE EDITOR-IN-CHIEF

### *Dear Readers*

The current issue is interdisciplinary in nature as it presents papers written by urologists, surgeons and anaesthesiologists. This again confirms that coloproctological patients require a multidisciplinary approach.

I strongly recommend an original paper on a serious septic complication known as Fournier's gangrene, which was based on extensive medical records of 30 patients from two urological departments. The experience of our fellow urologists in the treatment of this serious condition is consistent with other publications on the subject: multifactorial therapy including both septic shock treatment and a simultaneous aggressive surgical treatment using the latest techniques (skin grafting, vacuum dressings) is necessary.

In the same issue, the authors present the latest therapeutic approach to Fournier's gangrene in their review paper.

Furthermore, two interesting clinical reports are presented: a case of a patient with spontaneous intestinal perforation caused by a peritoneal shunt drain and a case of a patient receiving surgical treatment due to rapidly progressing ulcerative colitis. The first paper is highly casuistic. The authors of the latter work supplemented their article with a review of currently used scales assessing ulcerative colitis, providing the readers with an opportunity to comprehensively update their knowledge on the assessment of the stage of the disease.

Finally, two anaesthesiological papers are presented. The first paper is devoted to the principles of preoperative management in diabetic patients scheduled for rectal surgeries, both extensive colon surgeries, as well as minor proctological interventions. The second work concerns complications after colonoscopy from the point of view of an anaesthesiologist.

I wish you a pleasant reading.

*Editor-in-chief*  
*Małgorzata Kołodziejczak*

