

EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

In today's issue, it is worth paying attention to an article on rectal examination in a patient with symptoms of incontinence, which was submitted by Professor Krzysztof Bielecki. The author reminds us of the basics, which are, however, of key importance for the correct diagnosis in a patient with incontinence. I particularly recommend this paper to young surgeons and residents, but also to others... Now, in the times of rush and overdiagnosis, properly and thoroughly conducted medical interview and physical examination tend to be marginalised even by experienced practitioners. I personally took great pleasure in reading this humanistic, timeless article.

I also recommend a paper written by a team of surgeons from Katowice. They presented a case of a female patient with gastrointestinal obstruction due to incarcerated Richter's hernia. Although Richter's hernia is an uncommon cause of obstruction, the authors believe that it should always be considered in a patient with impaired intestinal passage, as even a fascial defect of several millimetres in diameter can lead to intestinal loop entrapment. In view of the tremendous advances in laparoscopic techniques in recent decades, it is interesting that this type of hernia can develop even in a 5 mm trocar hole.

The issue of incontinence was also brought up in a paper describing the impact of electrostimulation and EMG-biofeedback therapy on the distribution and coordination of anal sphincter muscle tone on the example of two patients with faecal incontinence. The authors, who are experienced physical therapists and propagators of electrostimulation in the treatment of incontinence, concluded that self-exercises of the anal sphincters, even when performed properly, but without stimulation of pelvic floor muscles and nerves, will not activate the denervated motor units, but can instead consolidate abnormal stimulation patterns.

Another case study describes a 30-year-old male treated for massive anterior and posterior horseshoe abscess threatening with Fournier's gangrene. A team of surgeons from a hospital in Żuromin showed that a prompt, decisive surgical intervention supported by knowledge and experience in proctological procedures allows for successful treatment of such a patient. Anal abscess, which is often perceived as trivial, can actually become a serious, life-threatening condition. One the other hand, if correctly diagnosed and rapidly evacuated, it becomes an easy-to-treat condition.

Finally, in the history section, we present an extremely absorbing article by Associate Professor Maria Ciesielska on the criminal experiments conducted by Dr Mengele in the Auschwitz concentration camp. Although this article does refer directly to the colon, we considered that it was worth publishing as it offers many unique details from medical history.

*I encourage you to check out our latest issue.
Editor-in-Chief Professor Małgorzata Kołodziejczak, MD*

