EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

Dear readers,

For those interested in this issue, I recommend two original papers. The first one assessed the rationale for antibiotic therapy (clindamycin) in patients after anal fistula repairs. Despite the widely recognised theory on fistula formation as a result of bacterial crypt infection, reports on the type of bacterial pathogen involved in this process are sparse. The authors of the paper concluded that the variable sensitivity of bacteria to antimicrobials should be considered and antibiotic prophylaxis should be adjusted depending on the resistance developed to the subsequent antibiotics used. The second original work compares the outcomes of thermoablation and conventional hemorrhoidectomy in haemorrhoidal disease. The last dozen or so years have witnessed a rapid growth in the popularity of minimally invasive techniques used in the treatment of haemorrhoidal disease. Today's patients expect rapid and painless treatment allowing for resuming professional activity. This is possible owing to alternative approaches. Various aspects, the stage of the disease in particular, should be considered when qualifying patients for a specific treatment method. Thermoablation is a well-known and widely accepted method for moderately advanced haemorrhoidal disease. The authors share their experience in using this method, pointing to its efficacy and minimally invasive nature.

This issue also features two clinical case reports. The first one describes a diagnostically challenging case of a patient with undifferentiated carcinoma of unknown primary site invading the rectum. The diagnosis was reached only with core-needle biopsy of the rectal infiltration and sphincter muscles. The second case study describes a patient operated on for anal sphincter damage 8 years after a traffic accident. He underwent late reconstruction with good outcomes. Since no diagnostic or therapeutic algorithm has been so far proposed for patients with sphincter injuries in Poland, I strongly recommend the authors' discussion on this topic.

In the history section, I recommend an interesting work on James Sims, who, I must admit, I have personally associated only with the so-called Sims' position for rectal examination. As it turns out, he is the author of the first described vesicovaginal fistula repair and, for various reasons mentioned in the article (which I will not reveal), a controversial figure in the world of medicine.

I wish you a pleasant read.

Editor-in-chief
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