

EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

In this issue you will find an interesting paper on the treatment of an anal fissure. It discusses the possibilities of various therapeutic combinations, including botulinum toxin injection paired with conservative treatment, dilatation with biofeedback, as well as other attempts to combine different treatment modalities. The article is based on both the authors' practical experience in the treatment of anal fissures and current reports on the subject. Considering the heterogeneous aetiology of this condition, it seems that multidirectional treatment has its logical justification. I also encourage you to familiarise with a case report of anorectal Crohn's disease. The patient was admitted to a surgical unit due to perineal phlegmon developing in the course of recurrent anal abscess, where he was scheduled for abscess incision. During his stay in the ward, the patient developed massive gastrointestinal bleeding. The authors of the article describe the procedure along with practical aspects of treating patients with Crohn's disease. The discussion is based on the latest literature, and the authors present modern tools for assessing the severity of Crohn's disease in the context of the presented case.

The current issue also includes an article discussing two seemingly different methods for surgical treatment of fistula-in-ano: a historical technique described by Hanley, which is used for horseshoe fistulas and involves a wide opening of the deep postanal space, and a modern technique known as TROPIS, which involves opening the intersphincteric space from the transanal approach and is used for high intersphincteric fistulas. Both methods have a common element – their idea is to widely drain the purulent reservoirs using the simplest and shortest access possible. I recommend this article particularly to young, practicing surgeons, who may encounter diagnostically and surgically challenging high (intersphincteric and horseshoe-shaped) abscesses. Nevertheless, experienced proctologists who operate on complex anal fistulas may also find this paper interesting. As usual, the Associate Professor Maria Ciesielska did not disappoint us by publishing an excellent article entitled "Who was the first to perform colostomy?" in "Nowa Medycyna".

I will not reveal the details, but will only say one thing: if I were you, I would probably start with this paper, i.e. "at the end"...

I wish you a pleasant reading!
Editor-in-Chief Professor Malgorzata Kołodziejczak, MD, PhD

