EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

This issue addresses typical proctology topics, like the treatment of anal fissures, management of a patient with haemorrhoidal disease in the emergency setting and anal repair.

I highly recommend the article on conservative treatment of anal fissure. Although all global algorithms point to conservative approach as the first-line treatment of anal fissure, it should not be continued for too long in the event of failure as complications may develop (e.g. intersphincteric fistula). There are also situations, as pointed out by the authors, when urgent surgery should be performed due to the need for histopathological verification of the fissure. The authors of the paper also discuss adjuvant treatment in the form of pelvic floor physical therapy, biofeedback and neurostimulation methods, which, considering the complex etiopathogenesis of anal fissure, may, in my opinion, be of considerable importance in adjuvant therapy.

In the next paper, a team of doctors from the hospital in Żuromin present the management of a patient with haemorrhoidal disease in the surgical emergency setting. The authors point to diagnostic errors and emphasise that many clinical symptoms, including primarily rectal bleeding, are also common manifestations of other intestinal pathologies, including colorectal cancer. Finally, they propose their own emergency management algorithm for patients with haemorrhoidal disease.

I also recommend an article on anal repair. Anal repair is a broad term encompassing both relatively simple anorectal procedures and surgeries that require more extensive experience, such as surgery for anal stricture. The authors of the paper discuss indications for various types of anal repair. These procedures can significantly improve cosmetic and functional outcomes, as well as the quality of life of the patient, but in most cases they require extensive experience in anorectal operations.

I wish you a pleasant reading.
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