EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

In the current issue of the journal, I would like to highlight the article by colleagues from the Surgery Department in Ostrów Mazowiecka, which addresses the challenge of managing patients with concurrent rectal and pelvic organ prolapse. In such cases, the most commonly employed surgical approach is ventral mesh rectopexy (D'Hoore procedure) combined with simultaneous sacrocolpopexy. In their paper, the authors also present other operative techniques that may be considered, taking into account the patient's age, general condition, and the underlying mechanism of prolapse. In my view, since this is a rare and typically elective procedure, it should be performed by surgeons with specialised expertise in colorectal surgery.

The next review article concerns a disease often mistaken for anal fistula, namely hidradenitis suppurativa (*acne inversa*). The authors discuss the aetiopathogenesis of the disease along with current therapeutic approaches, emphasising the importance of incorporating dermatological treatment. Patients suffering from hidradenitis suppurativa are "unwelcome" both in surgical wards (due to extensive wounds, uncertain healing, and prolonged hospitalisation) and among dermatologists. However, a collaborative approach to patient care, combining surgical excision of the largest inflammatory lesions with pharmacological treatment – including, in some cases, biological agents – can significantly enhance quality of life in these patients. The article reviews current knowledge of the disease and outlines the latest therapeutic recommendations based on recent literature.

The next review article addresses the conservative treatment of haemorrhoidal disease. The medical market offers a vast selection of medications and preparations for the treatment of haemorrhoids. The authors have attempted to organise the knowledge on this topic, proposing therapeutic algorithms that categorise the available preparations and the indications for their use.

It is also worth reviewing the case report of a patient with proctitis, in whom the overall clinical presentation and histopathological findings supported a diagnosis of infectious proctitis of syphilitic and chlamydial aetiology. In my own practice in recent years, I have managed several patients with proctitis, where the underlying cause was a venereal infection. When examining patients with proctitis, it is important to remember that, aside from inflammatory bowel diseases, other causes of the condition exist, including sexually transmitted disorders. A thorough medical history, including the patient's sexual preferences, can help the physician establish the correct diagnosis and promptly initiate treatment.

I trust that you will find this issue of the journal a compelling read.
Editor-in-Chief Professor Małgorzata Kołodziejczak, MD, PhD