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Summary

Unexplained anal pain

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Digestive Oncology | Colorectal

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The speaker presented a systematic approach to unexplained anal pain, distinguishing between nociceptive, neuropathic, and sensitisation mechanisms and describing targeted treatments for specific syndromes including proctalgia fugax, levator ani syndrome, and pudendal neuralgia.

KEY POINTS

- The speaker stated that anal pain affects 15-25% of the population and requires systematic clinical examination including palpation of puborectalis and levator muscles to identify muscular, neuropathic, or post-operative pain syndromes
- Three pain mechanisms were described: nociception from tissue injury, neuropathic from nerve damage, and sensitisation where the body reproduces remembered pain sensations
- For proctalgia fugax, the speaker reported it typically lasts 15 minutes in patients averaging 51 years and recommended reassurance and trigger avoidance, citing a 1996 paper on salbutamol inhalation
- Levator ani syndrome, lasting over 30 minutes and worsened by sitting, responds better to biofeedback than electrical stimulation or massage according to the speaker, with botulinum toxin as a second-line option despite scarce evidence
- Pudendal neuralgia diagnostic criteria include pain from anus to genital region worsened by sitting but not during sleep, with relief after pudendal block performed under radioscopy into Alcock's canal
- The speaker described their technique for levator ani botulinum toxin injection using sedation, pudendal block with ropivacaine 0.5%, and transperineal injection of 25 units per side with a long needle

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