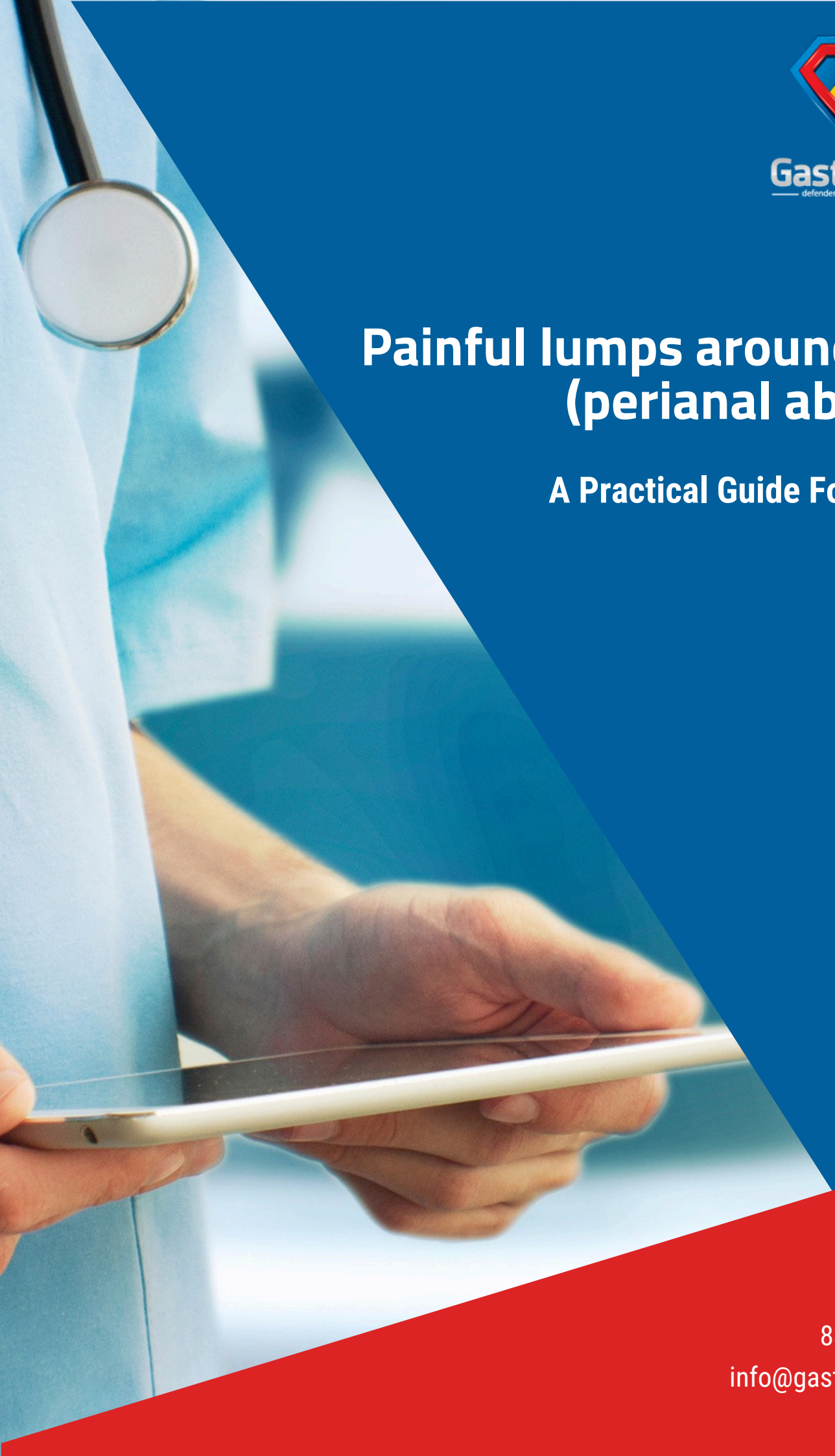


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Painful lumps around anus (perianal abscess)

A Practical Guide For Patients

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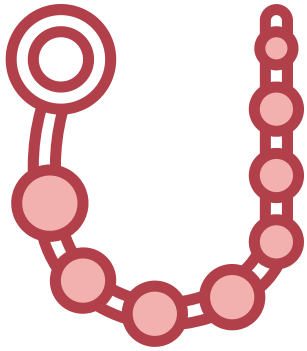
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Introduction: Painful lumps around anus (perianal abscess)



Painful lumps around the anus may develop when an anal gland becomes blocked and infected, allowing pus to collect in the surrounding tissue. This is called a perianal abscess and commonly causes a tender or swollen lump, persistent or throbbing anal pain, redness, and sometimes fever or drainage. Perianal abscesses can occur in anyone, but inflammatory bowel disease—particularly Crohn's disease—can increase the risk. Because an abscess may enlarge, spread infection, or lead to an anal fistula, a new painful perianal lump should be medically evaluated and often requires drainage rather than antibiotics alone.

Key Takeaways

- A perianal abscess is a painful, pus-filled infection that develops in the tissues around the anus, often after an anal gland becomes blocked and infected.
- It can cause a tender or swollen lump near the anus, throbbing pain, redness, irritation, pus drainage, fever, or a general feeling of illness.
- Pain may become worse with sitting, walking, coughing, or bowel movements as pressure builds within the infected area.
- Crohn's disease is an important gastrointestinal condition associated with a higher risk of perianal abscesses and fistulas.
- A perianal abscess can sometimes lead to an anal fistula, an abnormal tunnel between the anal canal and the skin near the anus.
- Diagnosis usually involves examining the painful area, while deeper or recurrent infections may require additional evaluation or imaging.
- Treatment commonly involves draining the abscess; antibiotics alone may not be enough once a significant collection of pus has formed.

What Causes Painful lumps around anus (perianal abscess)

Known Causes

- Blocked or infected anal glands: Most perianal abscesses begin when a small gland inside the anus becomes blocked and infected, allowing pus to collect in nearby tissue.
- Crohn's disease: Perianal inflammation from Crohn's disease can increase the risk of abscesses and fistulas around the anus.
- Bacterial infection: Bacteria can enter a blocked anal gland and cause a localized infection that develops into an abscess.
- Weakened immune system: Diabetes, immune-suppressing medicines, HIV, chemotherapy, or other causes of reduced immunity may increase susceptibility to anorectal infections.
- Anal trauma or foreign material: Injury or foreign material in the anal or rectal area can occasionally introduce infection and contribute to abscess formation.
- Anal fissure or local anorectal infection: Infection involving damaged tissue around the anus can occasionally progress to an anorectal abscess.
- Recurrent or complex perianal disease: Repeated abscesses may be associated with an underlying anal fistula or Crohn's disease and often warrant further evaluation.



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Common Signs & Symptoms

Muscle wasting may develop gradually and can be overlooked when attention is focused on abdominal symptoms or the underlying gastrointestinal disease. Loss of strength and function can sometimes become noticeable before dramatic changes in appearance occur.

Core Symptoms Include:



- Painful or tender lump near the anus
- Swelling around the anal opening
- Redness or warmth around the affected area
- Constant or throbbing anal pain
- Pain that worsens with sitting or bowel movements
- Pus or fluid drainage from the lump

Severe cases can also cause:



- Fever and chills
- Increasing or spreading redness and swelling
- Severe or rapidly worsening anal pain
- Marked fatigue or feeling generally unwell
- Difficulty passing urine
- Rectal bleeding

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Diagnosis & Medical Testing

Diagnosing a painful lump around the anus usually begins with a careful physical examination of the perianal area. A clinician looks for swelling, tenderness, redness, drainage, or signs of an abscess or fistula. Deeper, recurrent, or complex abscesses may require imaging or further evaluation, particularly when Crohn's disease or another underlying condition is suspected.

Diagnostic Tools

- **Medical history:** Reviews when the lump or pain started, fever, drainage, bowel symptoms, previous abscesses or fistulas, Crohn's disease, diabetes, immune suppression, and prior anorectal procedures.
- **Physical examination:** Checks the skin around the anus for swelling, redness, warmth, tenderness, fluctuance, drainage, or an external fistula opening.
- **Digital rectal examination:** May help identify tenderness, deeper swelling, or an abscess that is not clearly visible externally, although the examination can be painful.
- **Anoscopy or proctoscopy:** May be used when the diagnosis is unclear or when a deeper anorectal infection or fistula is suspected.
- **Pelvic CT or MRI:** Imaging may be considered for a deep or hidden abscess, recurrent disease, complex fistula, immune suppression, or suspected perianal Crohn's disease.
- **Crohn's disease evaluation:** Recurrent abscesses, fistulas, diarrhea, abdominal pain, bleeding, or weight loss may prompt additional blood tests, stool studies, imaging, or endoscopic evaluation for inflammatory bowel disease.



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Diet

Diet and hydration can support comfort and recovery with a painful lump around the anus, but they do not eliminate a perianal abscess once a collection of pus has formed. Nutritional recommendations should focus on maintaining hydration, keeping stools soft, avoiding constipation and straining, and supporting adequate intake during infection or recovery. Dietary advice should be individualized when Crohn's disease, diarrhea, malnutrition, diabetes, or another gastrointestinal condition is also present.

Key Insights

- Drink enough fluids to help keep stools soft and reduce straining during bowel movements.
- Include adequate fiber from fruits, vegetables, whole grains, and legumes when tolerated.
- Increase fiber gradually if constipation is present to avoid worsening bloating or discomfort.
- Choose softer, easy-to-digest foods if pain, fever, or poor appetite makes normal meals difficult.
- Include adequate protein and calories to support tissue healing and recovery from infection.
- Use smaller, more frequent meals if Crohn's disease, diarrhea, nausea, or reduced appetite limits intake.
- Avoid foods that consistently worsen diarrhea or cause frequent urgent bowel movements.
- Limit highly processed, low-fiber foods when constipation and hard stools are a problem.
- Avoid unnecessary restrictive diets unless recommended for an underlying condition such as Crohn's disease.

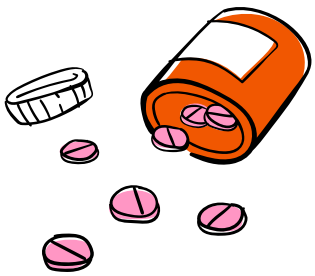
Medications & Treatment Options

There is no single medication that reliably cures a perianal abscess. Prompt drainage is the primary treatment when an abscess has formed, while antibiotics are generally reserved for selected situations such as surrounding cellulitis, systemic infection, or immune suppression. Management also includes treating underlying conditions such as Crohn's disease and evaluating recurrent disease for an associated anal fistula.

Treatment Options

- **Incision and drainage:** The primary treatment for a perianal abscess is opening and draining the collection of pus to control the infection and relieve pressure.
- **Antibiotics:** May be prescribed when there is surrounding cellulitis, systemic infection, immune suppression, or another specific clinical indication; they generally do not replace drainage of a formed abscess.
- **Pain management:** Appropriate pain-relieving medicines may be used during recovery, based on the patient's medical history and clinician guidance.
- **Treatment of Crohn's disease:** When perianal abscesses or fistulas are associated with Crohn's disease, controlling the underlying intestinal inflammation may require coordinated gastroenterology and surgical care.
- **Fistula management:** Persistent or recurrent drainage after an abscess may indicate an anal fistula, which often requires additional surgical evaluation and treatment.
- **Management of recurrent abscesses:** Repeated perianal abscesses may require evaluation for an underlying fistula, Crohn's disease, immune-related problems, or another contributing condition.



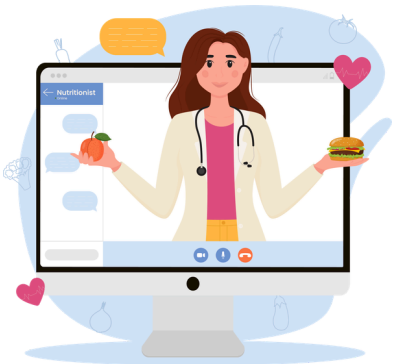


Advanced Therapies & Procedures

Advanced management is generally required when a perianal abscess is large, deep, recurrent, associated with an anal fistula or Crohn's disease, accompanied by spreading infection or systemic illness, or does not improve after initial drainage and treatment.

Therapy Options

- **Surgical drainage: I**ncision and drainage is the main treatment when a perianal abscess has formed and helps relieve pain and control infection.
- **Colorectal surgical evaluation:** Deep, large, recurrent, or complicated abscesses may require specialist assessment and operative management.
- **Fistula evaluation and treatment:** Recurrent abscesses or persistent drainage may indicate an anorectal fistula, which commonly requires surgical treatment.
- **Seton or other fistula procedures:** Selected patients with complex fistulas may require procedures designed to maintain drainage and protect surrounding tissue.
- **Crohn's disease management:** Perianal abscesses or fistulas associated with Crohn's disease may require coordinated medical and surgical treatment of the underlying inflammation.



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Coping With Painful lumps around anus (perianal abscess)

Painful lumps around the anus can affect more than physical comfort. They may interfere with sitting, walking, bowel movements, sleep, work, and confidence, especially when pain, swelling, or drainage is persistent.Because a perianal abscess can worsen quickly or recur, keeping track of changes in pain, swelling, drainage, fever, and bowel symptoms can be as important as monitoring the visible lump itself.

Practical Strategies

- Track changes in the size, tenderness, or swelling of the lump around the anus.
- Pay attention to increasing redness, warmth, or pain around the affected area.
- Note whether pain becomes worse with sitting, walking, or bowel movements.
- Monitor for pus, blood, or persistent drainage from the area.
- Check for fever, chills, fatigue, or feeling generally unwell.
- Report rapidly worsening pain or swelling to your clinician.
- Keep the area clean and dry as advised after drainage or other treatment.
- Use warm sitz baths if recommended to ease discomfort and support local hygiene.
- Avoid squeezing, puncturing, or trying to drain the lump yourself.
- Keep stools soft with adequate fluids and appropriate fiber when tolerated.
- Avoid constipation and excessive straining during bowel movements.
- Take prescribed antibiotics or pain medicines exactly as directed.
- Attend follow-up appointments after abscess drainage, especially if symptoms recur.

FAQS About

Painful lumps around anus (perianal abscess)



Q1: What causes a painful lump around the anus?
A: A painful lump near the anus may be caused by a perianal abscess, which is a pus-filled infection that often develops when an anal gland becomes blocked and infected. Common symptoms include pain, swelling, redness, tenderness, and sometimes fever or drainage.

Q2: Can Crohn's disease cause recurrent lumps or abscesses around the anus?
A: Yes. Crohn's disease can cause perianal complications, including abscesses and fistulas. Recurrent swelling, pain, or drainage in the same area may therefore require evaluation for an underlying fistula or Crohn's disease.

Q3: How is a perianal abscess diagnosed?
A: Diagnosis usually begins with a medical history and physical examination of the area. Deeper, recurrent, or complicated abscesses may require imaging such as ultrasound, CT, or pelvic MRI to identify the extent of infection or an associated fistula.

Q4: Can a painful anal abscess improve without treatment?
A: A formed perianal abscess generally requires drainage to control the infection. Antibiotics may be added in selected situations, but they usually do not replace drainage. Persistent or recurrent drainage may indicate an anal fistula and require additional treatment.

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Take Action

A new or worsening painful lump around the anus, increasing swelling, redness, drainage, fever, or pain that interferes with sitting or bowel movements deserves medical evaluation. A perianal abscess may require prompt drainage, and recurrent swelling or persistent drainage can suggest an associated anal fistula or an underlying condition such as Crohn's disease.

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today!

SCHEDULE AN APPOINTMENT

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