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International Session 1 Surgical Management of Severe Anorectal and Pelvic Infections

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[INTS1-3] From the Perspective of Whole-course Surgical Management: Debridement Strategies and Integrated Functional and Cosmetic Reconstruction for Perianal Necrotizing Fasciitis

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Perianal necrotizing fasciitis (PNF) is a fulminant soft tissue infection with high mortality. Traditional surgical management prioritizes life-saving radical debridement but neglects functional preservation, staged reconstruction and long-term rehabilitation. This abstract presents our center’s whole-course surgical protocol for PNF, focusing on standardized debridement and integrated functional-cosmetic reconstruction.During the acute debridement phase, we used continuous large incisions plus early vacuum sealing drainage (VSD) instead of conventional limited incisions with seton drainage. This fully exposes fascial planes, thoroughly removes necrotic tissue, and maximally preserves viable skin bridges, anal sphincters and neurovascular structures. Individualized approaches (perineal, retroperitoneal or combined) were chosen via CT imaging, with selective proximal fecal diversion for rectal perforation cases.In the reconstruction phase, staged repair began once the wound bed was infection-free, tailored to defect characteristics. Free skin grafts treated large superficial defects; local flaps (pudendal-thigh, gluteal sulcus) preserved perianal/perineal elasticity and sensation; myocutaneous flaps (gracilis, anterolateral thigh) repaired deep defects. For anal sphincter injuries, primary repair or gracilis transposition restored continence.This protocol significantly reduced secondary debridement rates and shortened wound healing, achieving satisfactory anal continence and acceptable perineal appearance. This whole-course model integrating standardized debridement and early functional-cosmetic reconstruction delivers superior long-term outcomes, balancing life-saving goals with quality of life preservation for PNF patients.

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