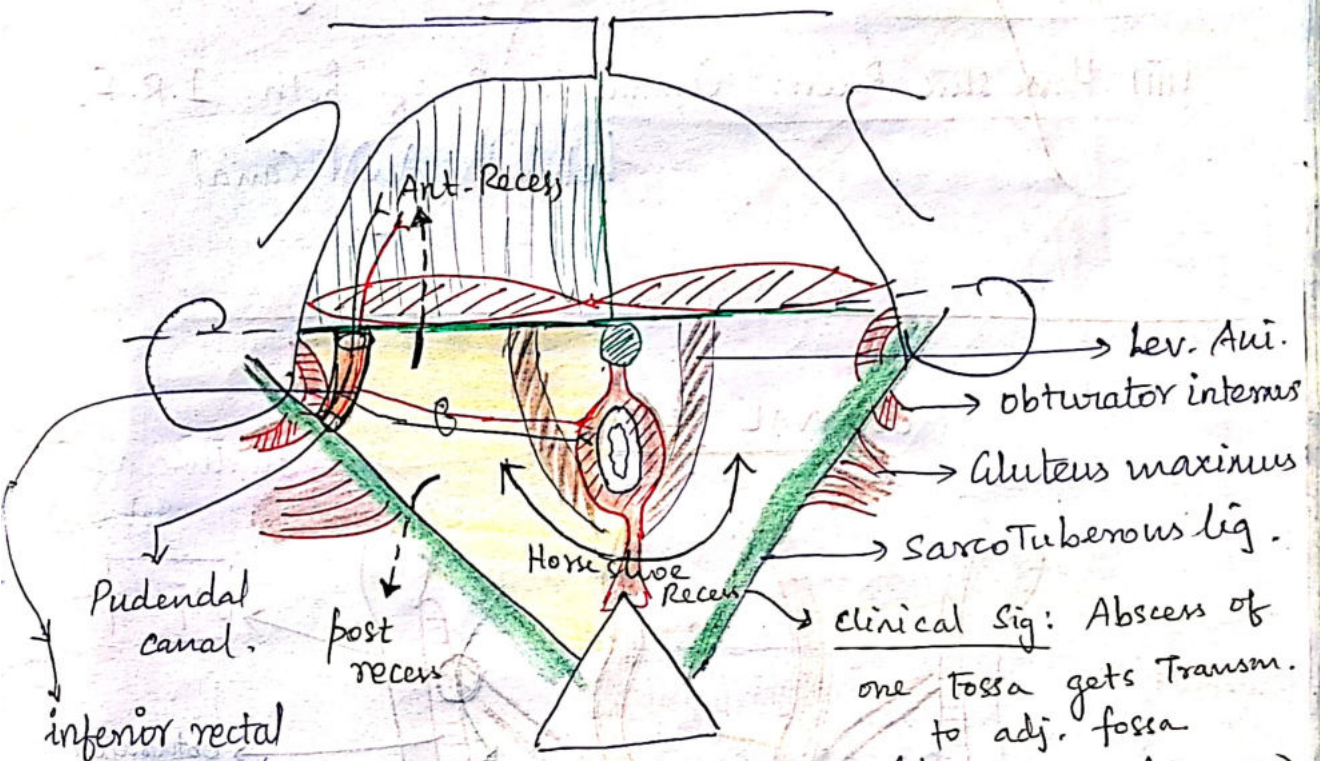
ISCHIORECTAL / ISHIOANAL FOSSA :

* fossa present on the side of Anal canal.



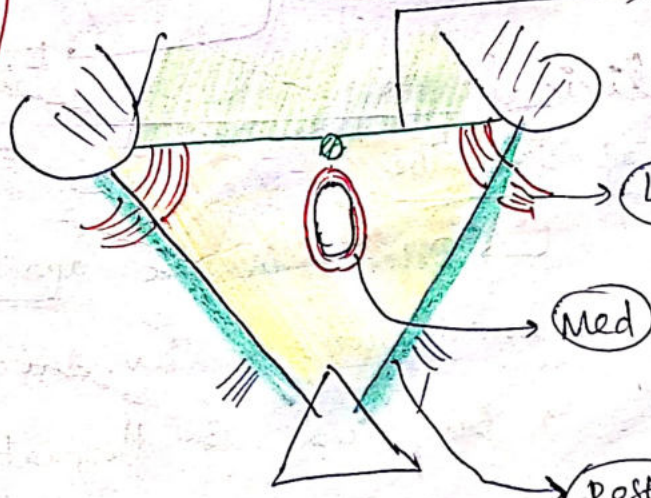
Clinical Sig: Abscess of one Fossa gets Transm. to adj. fossa (HORSESHOE ABSCESS)

can be injured in incision for drainage of ischio Rectal fossa Abscess

Why?

Bcoz they are running Transversely

Ischio Anal Fossa:



- (Ant): perineal memb (aka inf. layer of UGD)
- (Lat): obturator internus ⊕ Fascia
- (Med): External Anal Sph. (EAS) + Lev. Ani.
- (Post): SacroTuberous lig ⊕ Gluteus maximus.

(3) Recesses of Ischio Anal Fossa:

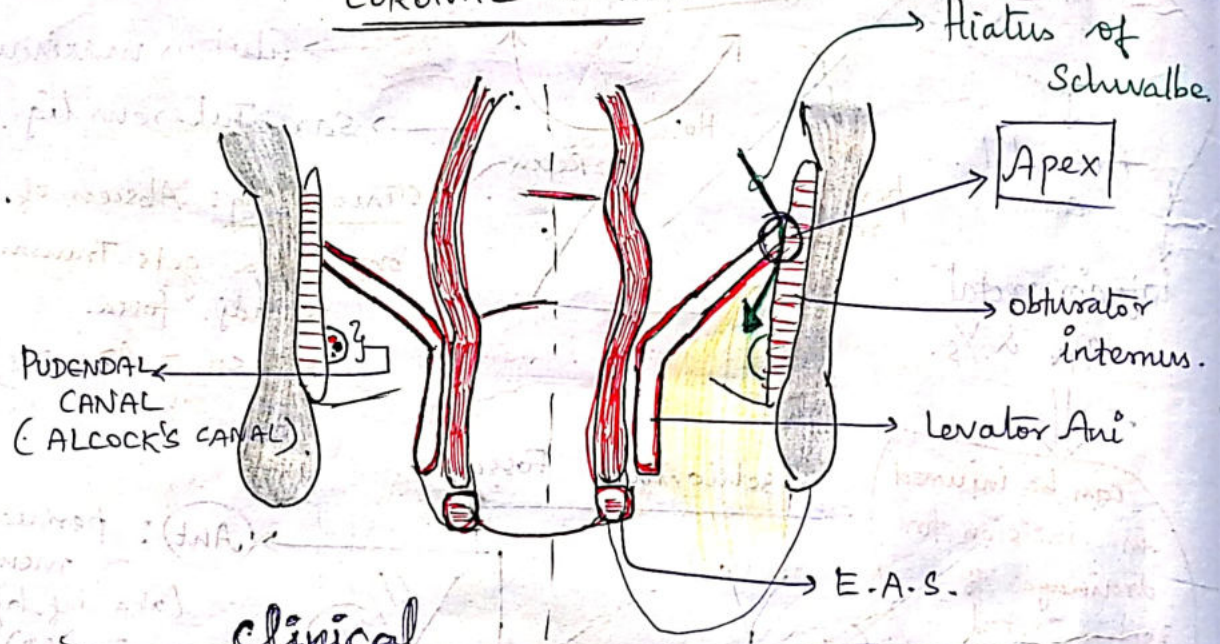
extensions.

(i) Ant. Recess: Deep to UGD.

(ii) post Recess: Deep to Sacrotuberous lig.

(iii) Horse shoe Recess: Communicat^{n} of both I.R.F. behind Anal Canal.

CORONAL SECTION



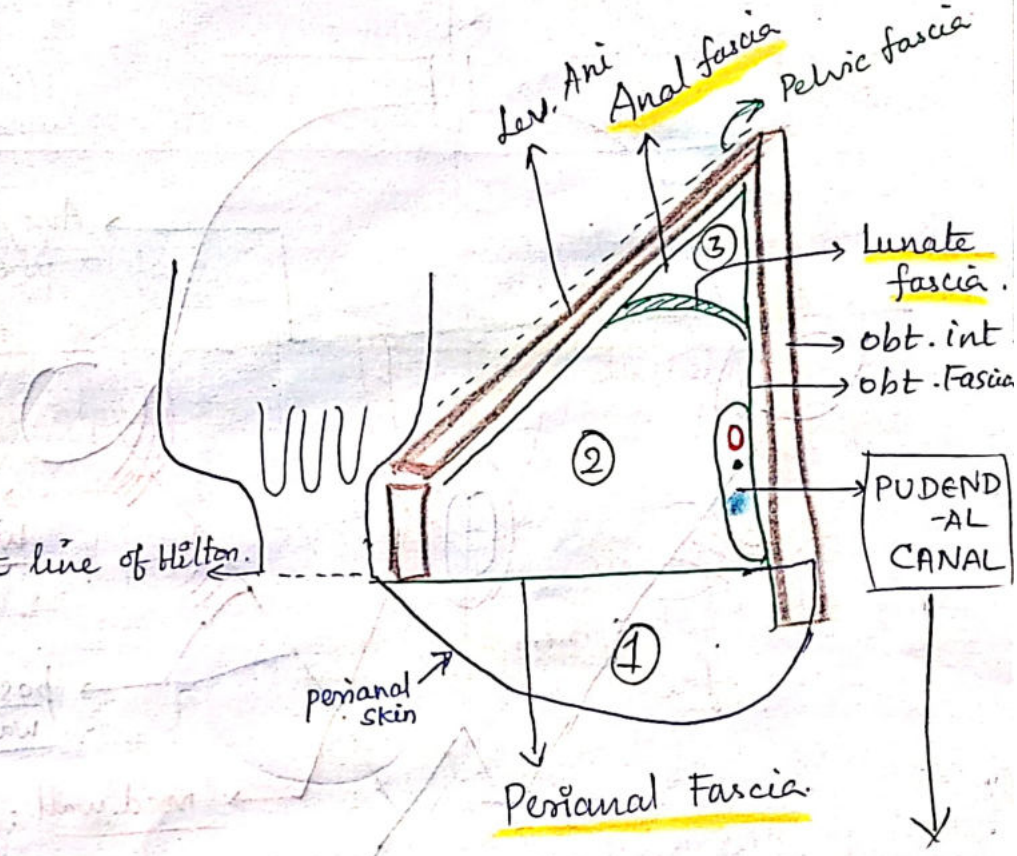
Clinical

Hiatus of Schwalbe

↳ Defect in the apex of IRF

due to non fusion of Lev. Ani & Obt. internus.

* Can lead to Herniat^{n} of S.I.



③ Spaces

painful infections

① → PERIANAL SPACE ⇒ fat is tightly loculated

② → IRF proper. } ⇒ fat is loosely arranged.

③ → Supra Tegmental SPACE

① Pudendal n/v (S_2-S_4)

② Internal pudendal V/S.

Why? "painful" infections in Perianal Space.

Contents:

1) FAT
2) Pudendal canal & its Contents (Pud. n/v, Int pud. V/s)
3) inferior Rectal n/v & V/s.

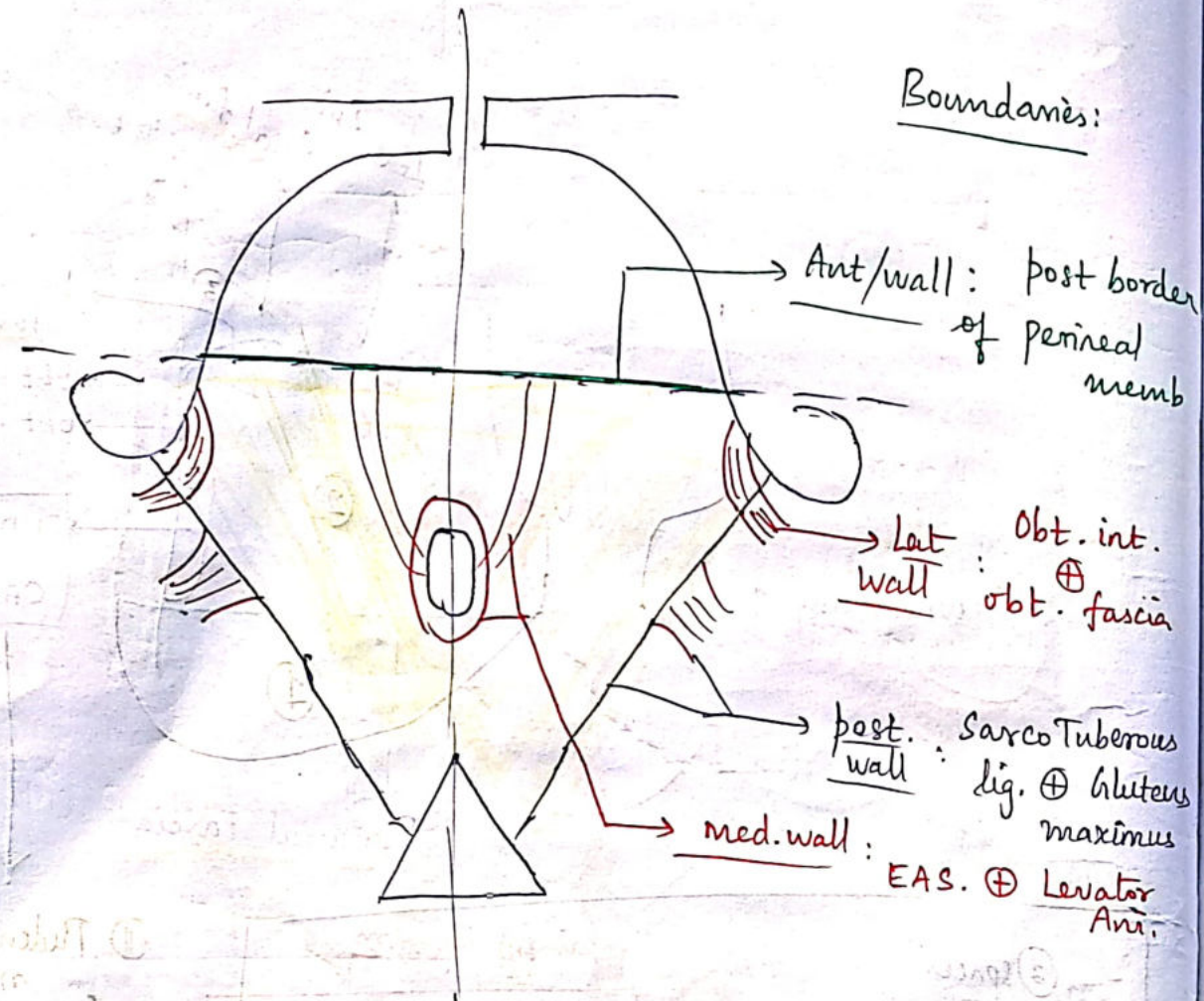
4) perineal br. of S_4 n/v. ⇓ E.A.S.

⇓ can be injured in Drainage of IRF abscess

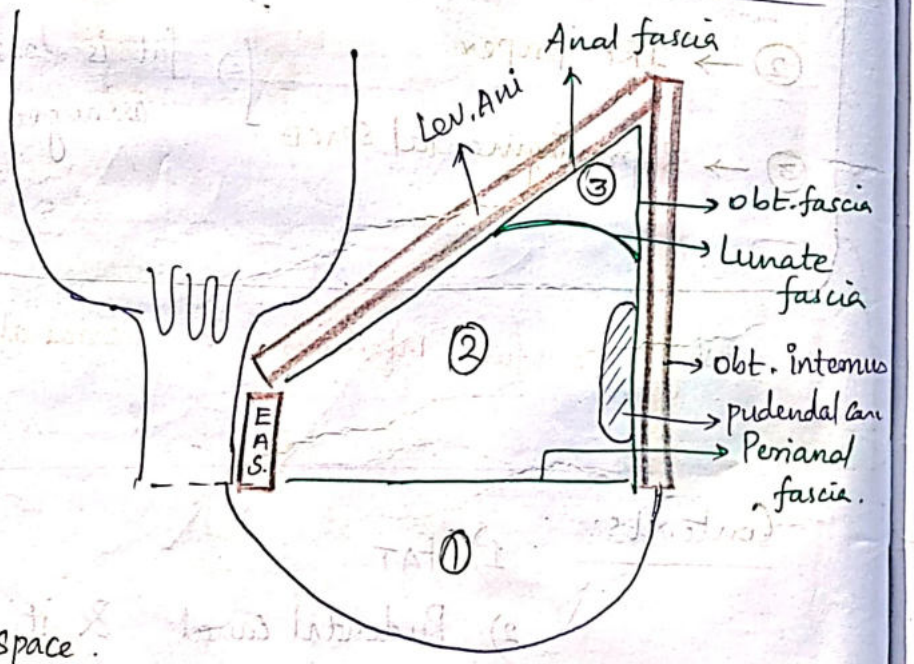
Why?: Bcz. they Travel Transversly from pudendal canal

Horizontal Secn

Boundaries:



Coronal Secn



① → Perianal space.
② → Ischio Rectal fossa proper
③ → Supra Tegmental Space