

Written by: Dr. Ali Fahad Abu Jamil. Anatomy, lecture title: the perineum.



I will start by explaining in general about the subject, like always.

So, the perineum is this diamond-shaped area between your thighs, right under your pelvic floor. It's basically the space between your genitals and your anus. It's different in guys and girls — like, in males it's from the base of the scrotum to the anus, and in females, it's from the vulva to the anus. Now, this area is split into two triangles: Urogenital triangle (in the front), In females, it has the urethral opening and vaginal opening but In males, it has the penis base and urethra. This triangle is more about pee and sex stuff while Anal triangle (in the back): Contains the anal canal and anus, More about poop control. The borders of this diamond-shaped region are: In the front pubic symphysis, In the back coccyx, On the sides ischial tuberosities And some ligaments help outline it too, like the sacrotuberous ligament. Now for the muscles — this area is packed with them. Some of the big ones: External anal sphincter – lets you control when to poop and Bulbospongiosus – helps in ejaculation (in guys), or tightens the vaginal opening (in girls) and Ischiocavernosus – helps keep blood in the penis or clitoris during erection and Superficial transverse perineal - kind of helps keep the pelvic floor stable. It's also important during childbirth, because the perineum can tear or doctors might make a cut (called episiotomy) to help the baby come out. Blood comes from the internal pudendal artery, and the nerve that does the feeling and movement here is the pudendal nerve — super important for sensation and controlling those muscles. So overall, the perineum is kinda like a muscular base that supports your pelvic organs, helps you control pee and poop, plays a role in sexual function, and for females, it's part of the birth canal during delivery.

Now we start by explaining slides in a simple way

Alright, so the perineum is this diamond-shaped area at the bottom of the trunk, basically between your thighs, below the pelvic diaphragm. It's divided into two triangles: the urogenital triangle in the front and the anal triangle in the back.

boundaries of the perineum: Front Inferior border of the pubic symphysis but Back Tip of the coccyx and Sides Ischiopubic rami (anterolaterally) and sacrotuberous ligaments (posterolaterally).

Now, the triangles:

1. Urogenital Triangle (anterior): This is where the external genitalia are and It has two pouches Superficial perineal pouch has muscles like bulbospongiosus, ischiocavernosus, superficial transverse perineal, etc also Deep perineal pouch has deep transverse perineal and sphincter urethrae. It's all supported by a strong membrane called the perineal membrane, which separates both pouches and acts as a base/floor These muscles are responsible for erection, ejaculation, stabilizing the perineal body, and urine control (especially sphincter urethrae).

2. Anal Triangle (posterior): Contains the anal canal, ischiorectal fossa, and the pudendal canal (important!). The ischiorectal fossa is full of fat – it allows for expansion during defecation and The pudendal canal runs in its lateral wall and carries: Pudendal nerve and Internal pudendal artery and vein.

Important Fibromuscular Structures:

A. Perineal body: Central tendon of the perineum – it's where several muscles attach. Located: Between anus and vagina (female) or Between anus and bulb of penis (male). Super important for pelvic floor support, especially in females. If it tears (e.g. during childbirth), can cause uterine prolapse or incontinence.

B. Anococcygeal body: Fibrous area from coccyx to anal canal, stretches during defecation and returns with help of coccygeus muscle.

Innervation and Blood Supply:

Pudendal nerve: From S2-S4; Path exits pelvis via greater sciatic foramen, loops around sacrospinous ligament, enters perineum via lesser sciatic foramen, and runs in pudendal canal; Gives: Inferior rectal nerve to anal sphincter and skin and Perineal nerve to perineal muscles and scrotum/labia and Dorsal nerve of penis/clitoris sensory.

Internal pudendal artery (from internal iliac): Follows same path as pudendal nerve. Supplies everything in the perineum: Inferior rectal artery, Perineal branches and Artery of bulb, urethral artery, deep and dorsal arteries of penis/clitoris.

Perineal Fascia:

Superficial fascia Has two layers: Fatty layer becomes labia majora & mons pubis in females, replaced by dartos muscle in males and Colles fascia (membranous) continues from Scarpa's fascia, stops at thighs and anal triangle.

Deep perineal fascia (Gallaudet fascia): Covers the perineal muscles, Attached to ischiopubic rami.

Urethral Injury (important clinical part):

Rupture of spongy urethra (bulbar part): Caused by straddle injury or forceful catheter, Urine leaks into superficial perineal pouch, then to scrotum, penis, and under abdominal skin (but not to thighs or anal triangle).

Rupture of membranous urethra: Usually from pelvic fracture, Urine enters deep perineal pouch, and might reach bladder or prostate area.

Muscle Breakdown (super easy to confuse, so remember):

Superficial perineal pouch: Ischiocavernosus – maintains erection by compressing crus and Bulbospongiosus – empties urethra in males, acts as vaginal sphincter in females and Superficial transverse perineal – stabilizes perineal body.

Deep perineal pouch: Deep transverse perineal – stabilizes perineal body and Sphincter urethrae – voluntary control of urination.

The bony boundaries of the perineum are formed by specific pelvic bones and landmarks. At the front (anteriorly), we have the pubic symphysis—a cartilaginous joint between the two pubic bones—right above the pubic tubercles, which are bony points used as surface landmarks. Moving laterally, the ischiopubic rami (formed by the fusion of the pubis and ischium) help define the urogenital triangle, while the large obturator foramina on each side represent the space enclosed by these bones. Above them, the anterior superior iliac spines (ASIS) serve as reference points in the upper



pelvis but are not part of the perineal boundary directly.Laterally and posteriorly, the ischial tuberosities form the bony points you sit on, and they mark the lateral boundaries of both triangles of the perineum. Connecting the ischium to the sacrum is the sacrospinous ligament, and just behind it lies the sacrotuberous ligament, both of which close the lesser sciatic foramen and help define the posterior limits. At the back (posteriorly), the sacrum and the coccyx (tailbone) form the midline posterior border of the anal triangle. The acetabulum, although important in the hip joint, is located laterally and superiorly, and is not directly involved in the perineal boundary.Together, these structures outline a diamond-shaped perineal region, with the pubic symphysis anteriorly, ischial tuberosities laterally, and the coccyx posteriorly, all supported and shaped by the surrounding pelvic bones and ligaments.

This image of the perineum highlights key muscles that support the pelvic floor and control genital and anal functions. The bulbospongiosus muscle surrounds the vaginal orifice in females and the base of the penis in males, helping in erection, ejaculation, and emptying the urethra. The ischiocavernosus muscle runs along the sides of the perineum, covering the crura of the clitoris or penis, and assists in maintaining erection by compressing venous drainage. At the midline, the perineal body is



a fibromuscular node where several muscles anchor—it's crucial for pelvic stability and is especially important in childbirth. The superficial transverse perineal muscle spans horizontally between the ischial tuberosities and helps stabilize the perineal body. Deeper inside, the levator ani muscle is part of the pelvic diaphragm; it supports pelvic organs and helps maintain continence. Finally, the external anal sphincter encircles the anal canal and provides voluntary control over defecation. Together, these muscles form the functional and structural core of the perineum, working to support, compress, and control various openings in the pelvic floor.

This image illustrates the deep anatomy of the perineum, focusing on structures passing through and surrounding the urogenital and anal regions. The orifices include the urethra, vagina, and anus, which all open through the perineum. The gap between the pubic symphysis and the perineal membrane allows structures like the dorsal vein of the penis or clitoris to pass through, draining blood from external genitalia. The levator ani muscle lies deeper and supports pelvic organs, while above it, the obturator internus muscle forms part of the lateral pelvic wall. Nerves and



vessels enter the perineum through the lesser sciatic foramen, especially the pudendal nerve and internal pudendal artery and vein, which supply most of the perineal structures. These pass through Alcock's canal (pudendal canal) which lies within the fascia over the obturator internus. Lastly, the sacrospinous and sacrotuberous ligaments form part of the posterior pelvic boundary, converting the greater and lesser sciatic notches into foramina and helping anchor the pelvis while creating key passageways for neurovascular structures.

The urogenital diaphragm refers to a muscular and fascial layer located in the anterior part of the perineum, deep to the perineal membrane. It mainly consists of the deep transverse perineal muscle and the external urethral sphincter, enclosed between two fascial layers. In both males and females, it supports the urogenital openings—the urethra and, in females, also the vagina—as they pass from the pelvis into the



perineum. In males, it provides structural support for the urethra at the membranous portion, while in females, it helps stabilize the urethra and vagina. Although the term urogenital diaphragm is now less commonly used in modern anatomy (replaced by deep perineal pouch), it's still useful to describe the muscular floor that supports pelvic organs and plays a role in continence. It lies just above the perineal membrane, making it a key structural component of the urogenital triangle in the perineum.

The perineal body is a fibromuscular mass located in the midline of the perineum, between the vagina and anus in females, and between the bulb of the penis and anus in males. It serves as a central attachment point for several important perineal muscles. These include the ischiocavernosus muscle, which runs laterally and helps maintain erection by compressing the crus of the clitoris or



penis; the bulbospongiosus muscle, which lies medially and aids in erection, ejaculation, and vaginal contractions; and the superficial transverse perineal muscle, which extends horizontally from the ischial tuberosities to stabilize the perineal body itself. Together, these muscles form part of the superficial perineal pouch and contribute to pelvic floor support, sphincter control, and genital function. The integrity of the perineal body is especially important during childbirth and pelvic surgeries.

This image shows four key muscles of the perineum, each playing an important role in pelvic support and genital function. The superficial transverse perineal muscle runs horizontally and helps stabilize the perineal body, which acts as a central anchor point for perineal muscles. Just deep to it, the deep transverse perineal muscle lies in the deep perineal pouch and contributes to supporting the pelvic floor and maintaining continence. The bulbospongiosus muscle is located in the midline, wrapping around the bulb of the penis in males or the vestibular bulb in females, helping with erection, ejaculation, and tightening of the vaginal orifice. Laterally, the ischiocavernosus muscle



covers the crus of the penis or clitoris and helps maintain erection by compressing the venous outflow. Together, these muscles form a coordinated system within the perineum that supports pelvic structures and regulates urogenital functions.

In the male pelvic region, several fascia layers contribute to the structure and support of the perineum. Starting superficially, we have the Camper's fascia, which is a superficial fatty layer, and beneath it lies Scarpa's fascia, a membranous layer that continues into the perineum as Colles' fascia (the superficial perineal fascia). Covering the penis, superficial penile fascia (also known as Dartos fascia) is continuous with Scarpa's and Colles'. Deep to that,



the deep membranous fascia—also called Buck's fascia on the penis—surrounds the erectile tissues and is important in maintaining structural integrity. The superficial perineal fascia continues into the perineum and helps form the walls of the superficial perineal pouch. The deep perineal fascia (also called Gallaudet's fascia) covers the muscles of the superficial perineal pouch, like bulbospongiosus and ischiocavernosus. The perineal membrane lies deeper and separates the superficial from the deep perineal pouch, anchoring several structures. The perineal body serves as a central tendon for muscle attachment. Inside the pelvis, parietal pelvic fascia and visceral pelvic fascia line the walls and cover the pelvic organs, while the peritoneum lies superiorly, covering some pelvic organs but not entering the perineum itself. Altogether, these fascia layers form organized compartments that stabilize structures, contain infections, and support pelvic and perineal anatomy. This image illustrates a rupture of the spongy (bulbar) urethra, often caused by straddle injuries or blunt trauma to the perineum categorized as lower genitourinary trauma. The



rupture usually occurs at the bulbar urethra, leading to extravasation of urine and blood. The image shows how urine escapes into the surrounding tissues, particularly beneath the Buck's fascia (deep fascia of the penis). If Buck's fascia is also ruptured, urine can track into the superficial perineal space, spreading under Colles' fascia (superficial perineal fascia), Scarpa's fascia (membranous layer of the anterior abdominal wall), and even into the scrotum, penis, and lower abdominal wall. The fascial layers act as anatomical boundaries that direct the flow of leaked urine. Therefore, a rupture at the bulb of the urethra with torn Buck's fascia results in swelling and urine accumulation throughout the superficial tissues, a hallmark sign of severe spongy urethral injury.

This image shows urinary extravasation caused by anterior urethral rupture, most commonly at the bulbar urethra, often due to straddle injuries. urine escapes from the injured urethra and spreads into the superficial perineal space, traveling under the Colles' fascia (superficial perineal fascia), around the scrotum and penis, and upward beneath the Scarpa's fascia into the lower abdominal wall. The Dartos fascia in the scrotum and penis contains the urine, but it cannot cross into the thighs or deep pelvis due to fascial attachments. the image shows the exact site of urethral rupture and how the urine dissects through the Buck's



fascia (deep fascia of the penis). Once Buck's fascia is torn, the urine is no longer confined and can spread into the superficial layers. This illustrates how fascial planes direct the flow of urine in traumatic injuries, and how understanding these planes is key in diagnosis and surgical drainage of urinary extravasation.

The two diagrams together demonstrate the neural supply of the perineum, primarily through the pudendal nerve, which is the major somatic nerve of the pelvic floor and perineal region. The pudendal nerve originates from the sacral spinal nerves (S2– S4), exits the pelvis via the greater sciatic foramen, curves around the ischial spine, and re-enters the perineum through the lesser sciatic foramen, traveling inside the pudendal (Alcock's) canal. Along



its path, it gives off several branches: the inferior anal (rectal) nerve innervates the external anal sphincter and anal skin; the perineal nerve (which divides into deep and superficial branches) supplies perineal muscles and skin, including scrotum or labia; and the dorsal nerve of the penis or clitoris provides sensory innervation to these organs. Structures such as the sacrospinous ligament and ischial spine are important landmarks for locating the pudendal nerve clinically, especially

during nerve blocks. The diagrams emphasize the relationship between the pelvic floor muscles, ligaments, and the nerve pathways that control both motor and sensory functions in the perineum.

This image highlights a key anatomical relationship in the pelvis involving the pudendal nerve, internal pudendal artery, and the sacrospinous ligament. The pudendal nerve exits the pelvis through the greater sciatic foramen, wraps around the ischial spine, and crosses over the sacrospinous ligament. Notably, the nerve passes medial (closer to the midline) to the internal pudendal artery, which follows a similar route. After crossing the ligament, both the nerve and artery enter the perineum through the lesser sciatic foramen to travel in the pudendal canal (Alcock's canal). This anatomical relationship



is crucial during procedures like pudendal nerve block, where the ischial spine and sacrospinous ligament serve as palpable landmarks for anesthetic administration.

The image shows the course and branches of the pudendal nerve, which originates from the sacral spinal nerves S2, S3, and S4. It exits the pelvis through the greater sciatic foramen, loops around the sacrospinous ligament, and re-enters through the lesser sciatic foramen into the pudendal canal (also called Alcock's canal). Along its path, the pudendal nerve gives off several branches: the inferior anal (rectal) nerve, which innervates the external anal sphincter and the skin around the anus; the perineal nerve, which provides both motor innervation to perineal muscles and sensory

innervation to the posterior scrotum or labia; and the dorsal nerve of the penis (or clitoris), which supplies sensory innervation to the dorsum of the penis or clitoris. These branches pass through regions like the deep perineal pouch and reach the dorsum of the penis, ensuring motor and sensory control of the perineum and external genitalia.

The blood supply to the perineum is primarily provided by the internal pudendal artery, a branch of the internal iliac artery. After exiting the pelvis through the greater sciatic foramen and looping around the sacrospinous ligament, it enters the perineum through the lesser sciatic foramen and travels within the pudendal canal. Along its course, it gives off multiple branches that supply the structures of the perineum. These include the inferior rectal artery, which supplies the anal canal and surrounding skin; the perineal artery, which gives rise to the posterior scrotal (or labial) arteries

supplying the skin of the scrotum or labia; and the artery of the bulb, which supplies the bulb of the penis (or vestibule in females). Additionally, the deep artery of the penis runs through the corpus cavernosum and plays a critical role in erection, while the dorsal artery of the penis runs along the dorsum and supplies the penile skin and glans. These branches ensure comprehensive vascularization of the perineal muscles, external genitalia, and surrounding tissues.







Honestly, understanding the perineum can be confusing at first, but once you break it down, it starts to make sense. So let's focus on two key spaces: the superficial perineal pouch and the deep perineal pouch, and also talk about the ischiorectal fossa and the pudendal canal which run nearby.

First, the superficial perineal pouch is basically a space that sits between the Colles fascia (which is the deep membranous layer of the superficial fascia) and the perineal membrane (which is like a tough fibrous layer stretching between the ischiopubic rami). This pouch is open anteriorly, meaning it communicates with the tissues of the lower abdominal wall, but it's closed posteriorly where the roof and floor join. Laterally, it's attached to the pubic arch. In males, the superficial perineal pouch contains the root of the penis (which is made up of the two crura and the bulb), part of the penile (spongy) urethra, and muscles like ischiocavernosus, bulbospongiosus, and superficial transverse perineal muscles. You also find vessels like the dorsal and deep arteries of the penis and nerves like the dorsal nerve of the penis and scrotal nerves. In females, the contents are a bit different: it includes the root of the clitoris (2 crura), two bulbs of the vestibule, the greater vestibular glands (Bartholin's glands), and similar muscles and vessels, like ischiocavernosus, bulbospongiosus, and superficial transverse perineal muscles and vessels, like ischiocavernosus, bulbospongiosus, and arteries of the clitoris and arteries.

Now moving deeper, the deep perineal pouch lies above the perineal membrane and below the pelvic diaphragm. It contains important urogenital muscles and structures. In males, it includes the membranous part of the urethra, the sphincter urethrae muscle, the deep transverse perineal muscles, and sometimes the bulbourethral glands. In females, it has the proximal urethra, part of the vagina, the same deep transverse perineal muscles, and the external urethral sphincter. It's also where the perineal vessels and nerves pass through to reach the superficial pouch.

Next up is the ischiorectal (ischioanal) fossa, which is a wedge-shaped fat-filled space located on either side of the anal canal. It's super important because it allows the anal canal to expand during defecation. Its base is the skin (what you touch externally), and its apex is up near the levator ani muscle origin. The medial wall is formed by the levator ani and external anal sphincter, and the lateral wall has the obturator internus muscle and its fascia, which splits to form a special tunnel called the pudendal canal.

Now, about the pudendal canal (Alcock's canal) – this is a fascial tunnel inside the lateral wall of the ischiorectal fossa. It runs from the lesser sciatic foramen all the way to the back of the perineal membrane. Inside the canal, you find the pudendal nerve and internal pudendal vessels. These are the main neurovascular supply to the perineum. The pudendal nerve gives off the inferior rectal nerve, then continues to give perineal nerves and the dorsal nerve of the penis or clitoris.

The perineal pouches are anatomical spaces in the perineum divided by the perineal membrane. In the diagrams, the superficial perineal pouch lies between the perineal membrane and Colles' fascia, containing the bulb and crura of the penis or clitoris, ischiocavernosus,

Perineal pouches



bulbospongiosus, superficial transverse perineal muscles, and branches of the pudendal nerve and internal pudendal vessels. The deep perineal pouch, found superior to the perineal membrane and inferior to the pelvic diaphragm, includes the deep transverse perineal muscle, parts of the urethra, external urethral sphincter, and in females, part of the vagina. Anatomical landmarks labeled such as the pubic symphysis, ischial tuberosity, inferior pubic ligament, and obturator foramen help define the boundaries and orientation of the pouches.

This diagram shows a cross-section of the male perineum, specifically focusing on the structures surrounding the urethra and penis. Let's break down the key anatomical terms and relate them to the perineum:

Pelvic Fascia: This is a broad sheet of connective tissue that lines the pelvic cavity. In this context, it provides support and structure to the organs within the perineum.



Levator Ani & Obturator Internus: These are muscles of the

pelvic floor. The levator ani plays a crucial role in supporting the pelvic organs and assisting in urination and defecation. The obturator internus is involved in hip rotation and also contributes to pelvic stability.

Prostate: This gland surrounds the urethra and produces seminal fluid, a component of semen. Its location is central to the male perineum.

Sphincter Urethra Muscle: This circular muscle surrounds the urethra and controls the flow of urine. Its proper function is essential for urinary continence.

Dorsal Nerve of Penis: This nerve provides sensory innervation to the penis.

Membranous Part of Urethra: This is a short segment of the urethra that passes through the urogenital diaphragm.

Artery of Crus (Deep Artery of Penis) & Artery of Bulb: These arteries supply blood to the penis, crucial for erectile function. The artery of the crus supplies the corpora cavernosa, while the artery of the bulb supplies the corpus spongiosum.

Ischiocavernosus: This muscle surrounds the crura of the penis and contributes to erection.

Urethra in Bulb: This refers to the part of the urethra that passes through the bulb of the penis.

Bulbospongiosus: This muscle surrounds the bulb of the penis and contributes to ejaculation.

Bulbourethral Gland: This gland, also known as Cowper's gland, secretes pre-ejaculate fluid.

Bulb of Penis: This is the expanded portion of the corpus spongiosum at the base of the penis.

Scrotal Nerves: These nerves provide sensory innervation to the scrotum.

Crus of Penis: These are the two erectile columns that form the base of the penis.

Superior & Inferior Fascial Layers of Urogenital Diaphragm: These layers of connective tissue support and compartmentalize the structures of the urogenital diaphragm, a critical part of the perineum.

Prostatic Urethra: This is the portion of the urethra that passes through the prostate gland. Deep Fascia of Thigh: This is the deep layer of connective tissue covering the thigh muscles. It's shown here to illustrate the anatomical relationship of the perineum to the surrounding structures.

Skin of Medial Side of Thigh: This is simply the skin on the inner thigh.

The image is a cross-sectional anatomical diagram of the perineum, specifically focusing on the male perineum. It shows the muscles, fascia, and other structures of this region. The perineum is the area between the scrotum and the anus in males. The diagram highlights key structures like the levator ani muscle (a major muscle of the pelvic floor), the ischiocavernosus and bulbospongiosus muscles (involved in erection and

ejaculation), and the perineal membrane (a strong fibrous sheet). The obturator internus muscle, though not directly part of the perineum, is shown because of its proximity and contribution to pelvic stability. The superficial perineal fascia (Colles' fascia) is a layer of connective tissue covering the superficial perineal muscles. The external anal sphincter is also visible, controlling defecation. In short, the diagram provides a detailed view of the muscular and fascial components of the male perineum, illustrating their arrangement and relationships.

This diagram shows the deep perineal pouch in a male. Key structures include the bladder and urethra, which are centrally located. Surrounding these are the levator ani and obturator internus muscles, important for pelvic floor support. The perineal membrane (a thick fascia) provides structural integrity. The ischiocavernosus muscle surrounds the crura of the penis, and

the bulbospongiosus muscle surrounds the corpus spongiosum, both playing roles in sexual function. The anterior recess of the ischio-anal fossa is also shown, representing a potential space. Finally, a thin superficial fascia of the urogenital diaphragm is depicted, completing the layered structure of this region.

The image depicts a coronal section through the female deep perineal pouch at the level of the vagina. The key structures shown are the levator ani and obturator internus muscles, which pelvic floor and support pelvic organs. The vagina is centrally located within urogenital diaphragm. These structures are integral components perineum region between the vulva and anus. image highlights the anatomical relationships of these muscles and the vagina within the perineal space.

Deep perineal pouch in female







This diagram illustrates the male perineum's deep structures. The crura of the penis (corpora cavernosa) and corpus spongiosum are erectile

tissues crucial for penile erection. urethra runs through the corpus spongiosum, carrying urine and semen. The deep perineal pouch contains key structures of the urogenital system. The perineal membrane provides support and structure. The superficial and deep perineal fascia are layers of connective tissue providing further support and compartmentalization. The transverse perineal muscles contribute to pelvic floor stability.

Dr. Ahmed Salm

The superficial perineal pouch in males is a space within the urogenital triangle, located between the perineal membrane and the superficial fascia. It contains structures like the roots of the external genitalia (penis), including muscles and erectile tissues. Behind it lies the anal triangle, where the levator ani muscle supports the pelvic floor and surrounds the anal aperture. The sacro tuberous ligament helps stabilize pelvis.these structures form the perineal region that supports both urogenital and anal functions.

The superficial perineal pouch in females lies within the urogenital triangle, between the perineal membrane and superficial fascia. It contains the roots of the external genitalia and muscles that support the urethral orifice and vaginal orifice. Behind it is the anal triangle, which includes the levator ani muscle and the anal aperture. These structures together support the pelvic floor and play important roles in both urinary and reproductive functions.

The ischiorectal fossa is a wedge-shaped space located on either side of the anal canal. It is filled with fat and loose connective tissue, allowing for expansion of the anal canal during defecation. It lies between the skin and the pelvic diaphragm, and surrounds the external anal sphincter.

Superficial perineal pouch in male









The levator ani (pelvic floor muscle), obturator internus (lateral pelvic wall muscle), and external anal sphincter (anal control muscle) all border the ischioanal fossa—a fat-filled space near the anus. This fossa allows expansion during defecation and is prone to abscesses due to its loose tissue.



An anal fistula is an abnormal tunnel connecting the rectum to the skin near the anus, often caused by a perianal abscess (infected rectal gland). The abscess may drain externally near the anal sphincter, requiring surgical intervention to prevent recurrence.





A Note of Thanks

Studying this subject wouldn't have been the same without the clear and dedicated teaching of Dr. Ahmad Salman. His way of explaining the material truly made everything easier and more meaningful. May Allah reward him with goodness, grant him health, and bless his knowledge and efforts. This file stands as a small reflection of the great teaching we were lucky to receive.



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