



## **EVOLUTION OF THE SPECIES**

### ***Past, present and future of Coloproctology***

We cannot fully understand the concept of medical-surgical speciality if we do not attempt to know and deepen the history that brought it to become a discipline, that is the collection of knowledge organised in a methodical way so that it can become a teaching subject. The derivation of the word discipline, from the latin discipulus, refers to a teaching process, though at the same time it is what one has learnt. Including everything in a wider concept of experience.

This is even truer today, where lots of information (especially through the internet with enormous limits to the quality) and requests (the research of the “better” and “the best”) to which we are subjected, and that arrive from anywhere take us, to the research of a “specialist” more specialist than another.

The specialities and even more the “super specialities” as, for instance, andrology, angiology, hand, shoulder or knee surgery and many more do not belong to a disciplinary group that gives it an official recognition (for those mentioned, there are specialities recognised as Endocrinology, Vascular and Orthopaedic Surgery), therefore the identification of a specialist is given to a self-declaration of the person who will support thus through certifications of participation to courses, congresses and other; this makes a real and efficacious discrimination between real specialists and boosters difficult for the consumer. The risk is that one may end, for necessity, in study, or following advertising spiels on the internet and on magazines of banal popularization, of the one who is a “specialist of hair follicle diseases” with a diploma issued in a self-styled University of the Oriental Pacific. About this the Scientific community, and especially the professional associations, have the duty to vigilate!

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The history to which Colonproctology avails itself to become a discipline has more than 3000 years of literary descriptions, symptoms and pathologies: already in Egyptian times we are aware of the existence of healers of the

pathologies of the colon and the rectum as itching, haemorrhoids, diarrhoea. In the Hippocratic times a lot of time is given to the colon-proctological sufferer and he is treated with alchemical remedies often mixed with superstition. In Roman times we find refined descriptions of pathologies and cures with a large diffusion of fissures and prolapses, now even extinct, for the first time in totals and mucoses. We can also find a wide range of disquisitions on how to purge a patient.

In Byzantine times anatomical studies and fisiopathology, as well as iconography, are finally developed. But it is from the 15<sup>th</sup> century that we find a real and in depth interest especially for proctology, with accurate descriptions of diseases and surgical instruments. In 1686, there after known as the year of the fistula, Louis XIV of France was operated on, by his surgeon with success, of perianal fistula.

In the 18<sup>th</sup> century the description of constipation and the disorders of the pelvic floor have a great relevance. In the 19<sup>th</sup> century Science definitely consecrates the use of curative barium, while, instead, the evacuative enema dates back to Paracelsus.

The 19<sup>th</sup> century is the period of full development and placement of the colon-proctological discipline and in 1836, in London, the “Benevolent Dispensary for the relief of the poor afflicted fistula, piles and other diseases of the rectum and lower intestines” is founded, destined to be the future St Mark’s Hospital, the first real centre with a specialist disciplinary course of studies. From this era onwards the first real specialists and teachers of COLONPROCTOLOGY from especially the British and American schools, but also from the central European countries, derive.

The Specialist Scientific Societies regarding colonproctology exist for over a century, in some countries a real specialization exists, in others they have Specialistic Masters; in many others to practice the speciality it is necessary to belong to a Board attached to the same societies.



Colonproctology is an authentic surgical speciality, but its approach is pluridisciplinary and for this reason its identity peculiarity is confused and confuted. The multidisciplinary is a fundamental aspect of the clinical approach in colonproctology as the various behaviours of the symptoms and of the pathologies, observed by a specialist, refer to organs and systems that make a coordinated confrontation with other specialists indispensable (each time for both the diagnosis and the therapies).

The general surgeon (General Surgery is the speciality which colonproctology refers to) has become, to simplify, in our era, especially the surgeon of the digestive apparatus, and, for this reason, could not appreciate the recognition of a colon-rectum-anal speciality and he does not deny, therefore, himself as a "specialist".

The Gastroenterologist will defend his points of view about the diagnostic approach and the conservative treatments having perplexity towards a surgical approach to the Speciality.

History itself of the Scientific Specialistic Societies in our country (Italy), and not only, is the direct demonstration of what has been said: in the 80s the previous Scientific Societies of various disciplinary origins managed to merge all groups into one Federation and after into one Society, SICP. Again in the 90s two different societies existed and after a unification there was yet another division, an obvious sign of the difficulty in managing a complex, interesting, popular discipline and perhaps even profitable!

In an era of super specialists, of internet, of global sciences, what meaning can a "Specialisation as Colonproctology" have when the specialist of fissures, of fistula, of Crohn has been spotted? The immediate reply to the question is given by the popular conviction that "the specialist is the one who performs better surgery", this corresponds to the truth only in the case when a coordinated, correct and controlled

rapport with the literature and with deserved recognition as a "reference centre" of treated cases and with a, for instance, Coloproctology Units (UCP)

It is now that the necessity to set the reality of a specialisation such as Colonproctology is highlighted: what does the specialist do and what means does he have, and especially, is he always able to deal with the pathologies in an exhaustive way that regard him?

Colonproctology deals, in its entirety, with the diagnostic and therapeutic, conservative and invasive setting, of benign and malignant pathologies of the colon, rectum, anus, pelvis, and perineal and perianal areas. To do this the specialist has a diagnostic background made up of, apart from experience, advanced and continuously evolving technologies, from a varied range of diagnosis by imagery to functional research, for example, the anal-rectal manometry.

As for what concerns therapies, great refinements are in the specialist's hand, both in the choice of conservative (biological therapies, electrostimulation, bio-feed back, neuromodulation) as more surgical choices mini-invasive and more invasive; for all bio-medical technologies may be used with the use of prosthesis, adhesives, staplers, and so on.

The future, that is nearly present, of Colonproctology is today invaded of all that the technological roaring development has to offer, both where biological and cellular therapies are concerned; it is obvious that the "specialist", particularly or directly interested by the topic, will be the first to know and therefore to update on the correct and controlled use offering thus to the patient a more appropriate update and more in keeping with his interest, also interfacing itself, in a multidisciplinary area, with similar specialists.

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