



STUDY OF DIFFERENT MODALITIES OF TREATMENT OF FISTULA IN ANO

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ABSTRACT Fistula in ano is a treatable benign lesions of the rectum and anal canal. Most of these cases are due to cryptoglandular infections. Mostly it is chronic, low grade infection. All the anal glands play an important part in etiology of anal glands will result in stasis and sepsis. An acute episode of diarrhoea can also force liquid feces in to the crypts and anal glands. Internal opening of fistula, if it is visualized appears above the anal crypts in the anal canal and corresponds with opening of anal glands. The more important factor is that a significant percent of these disease persist or recur when the right Modality of the surgery is not adopted or when the postoperative care is inadequate. The necessity of this study is to evaluate the different approaches in surgical techniques as directed by the nature of the fistula and its etiology along with a combination of medical management as consider appropriate and to hence have a comprehensive over view and understanding of this surgical condition.

KEYWORDS : Fistula in ano, seton, fistulectomy, proctoscopy, khsharsutra

Introduction : Fistula in ano forms good majority of treatable benign lesion of rectum and anal canal. Fistula in ano is a chronic granulating track connecting two epithelial lined surfaces may be cutaneous or mucosal discription of fistula in ano are found in oldest medical literature condition is fairly common today in our country. Study of the fistula in ano is to carried out to: (1) Help in early and accurate diagnosis of fistula in ano. (2) Establish the proper guideline for investigation helpful in diagnosis of fistula In ano and associated condition. (3) Find out common cause of fistula in ano in our state. (4) Compare the different method of treatment and their success rate. (5) Study the method to minimise the hospital stay, postoperative morbidity and recurrence rate. (6) Improve the prognosis of operative treatment of fistula in ano. In present day various operative methods used from lay open the track to use of fistula in ano of day care treatment accepted and fear of surgeon reputation decreased. Material & Method : This is a clinical study of patients of fistula in ano done in 50 cases were selected randomly clinical history was obtained in all the patients clinical examination including per rectal & proctoscopy was also done. Past history, personal history, general examination, vital data, local examination done in all patients. All the patients were processed by routine blood investigations, ECG, chest x-ray, urine for sugar, albumin, microscopy, etc. Fistulogram, barium enema, MRI done in selected patients. Patients were treated with fistulectomy or fistulotomy different operative modalities. Patients were followed up for a period of 3 months to 1 year & studied.

RESULTS: study of 50 cases have been carried out randomly. The following results were obtained.

Sex : There are 46 males and 4 females.

Age : There is no age limit for this disease but it is found in young and middle aged patient more no paediatric age group. Below 20 years & above 60 years very less common. In my study more common from 20 to 30 years of fistula in ano.

Table 1 : Age incidence

Age	20-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60
No	12	12	4	6	6	8	2	0
%	24%	24%	8%	12%	12%	16%	4%	0%

Table 2 : sex incidence

Sex	No. of patients	percentage
Males	46	96%
Females	4	8%

Table 3 : Mode of presentation/ chief complaints

Complaints	No. of cases	Percentages
Discharge	42	84%
Perianal swelling	10	20%
Pain	14	28%
Bowel habits(constipation)	8	16%
Itching	8	16%

Bleeding per rectum	4	8%
Abdominal pain	0	0%
Pulmonary symptoms	4	8%
Previous fistulectomy	4	8%

Table 4 : No. of external opening

No. of external opening & situation of external opening	No. of patients	Percentages
Single	44	88%
Multiple	6	12%
Anterior	18	36%
Posterior	32	64%

Table 5 : Classification of fistula

Classification	Cases	Present series	Goligher's series
Subcutaneous	4	8%	6%
Low anal	34	72%	75%
High anal	8	16%	8%
Pelvi rectal	2	4%	7%
Submucous	2	4%	5%

In 100% of cases external opening was visualized.

Table 6 : Proctoscopic examination associated pathology

Associated pathology	Cases	Percentage
Fissure	6	12%
Piles	4	8%
Tuberculosis	4	8%
DM	2	4%

Table 7 : Types of operation

Type of Operation	No. of cases	Percentages
Lay open with excision of track	30	60%
Seton treatment	14	28%
Core out treatment	4	8%
Primary suturing	2	4%

Table 8 : Seton treatment

Seton treatment	28%
Khsharsutra	12%
Silk tread	8%
Rubber band	8%

All the patients in this series were treated surgically.

Table 9 : Type of anaesthesia

Type of anaesthesia	No. of cases	Percentage
Spinal anaesthesia	24	48%
General anaesthesia	18	36%
Caudal anaesthesia	6	12%
Epidural anaesthesia	2	4%

Table 10 : Type of fistula

Type of fistula	Cases	% in present study	% in Bennet's study
Low anal	26	52%	62%
High anal	4	8%	19%
Submucous	2	4%	25%

Table 11 : Different study of different Authors

Study	Ksharsutra thread	Recurrence stainless steel wire	Silk seton	Rubber bend	Surgery
Deshpande	2%	-	-	-	-
ICMR	4%	-	-	-	11%
Misra	-	4%	-	-	-
Present study	0	-	0	0	0

Table 12 : Complications

Complication	Percentage
Bleeding	4%
Pain	12%
Urinary retention	8%
Partial incontinence	-
Complete incontinence	-
Recurrence	-

Relation to Goodsaa's Law : In this study of 50 cases, studied followed Goodsaa's Law (external opening of all the anterior fistula were within 3 c.m. of the anal verge).

Discussion : Review of literature regarding anatomy, etiology, physiology, clinical features, investigations, treatment, complications & prognosis of fistula in ano presented.

Detail study of 50 cases of various type of fistula in ano.

There are 46 males & 4 females patients. Minimum age of patient in this series 20 years & maximum age 55 years.

Chief complaints of patients having fistula in ano is pus discharge per anus, 84% patients were having this complains perinal swelling 20% and pain 28% were among other complaints.

84% patients were having previous history of ishiorectal abscess. Abscess was either not treated or inadequately treated.

16% patients were having history of previous operation for some disease.

88% patient were having single while 12% having multiple external opening.

X-ray chest done in all cases. 8% of patients having pulmonary tuberculosis.

Fistulogram was done in 20% of cases which was helpful in identify the track in operation.

100% patients treated with surgical treatment, 60% with lay open & 28% seton treatment among that 12% treated by chemical seton. Among the complications, recurrence was only form of complication which required active surgical management in this series it is to much rare complication.

Tuberculous fistula in ano found in 4% of patients, while chronic non-specific information found in 96% of patients.

CONCLUSIONS :

1. Fistula in ano is not a common disease in children.
2. Chief complaints of fistula in ano is pus discharge per anus.
3. Fistula in ano are invariably due to inadequate treatment of perianal or ishiorectal abscess.
4. Low variety of fistula is most common type of fistula.
5. Chronic nonspecific infection is most common cause of fistula.
6. Surgical treatment is only way of treating fistula in ano.
7. In recent series treatment of fistula in ano in day care treatment.
8. Most common complication is recurrence and incontinence. To date no technique claims 100% safety. No recurrence in present series.

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