



## General Surgery

## TROPIS : NOT ALL COMPLEX FISTULAE IN ANO NEED COMPLEX MANAGEMENT - A CASE REPORT

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**ABSTRACT** **INTRODUCTION:** High and complex fistula in ano frequently present with collection in the intersphincteric plane. This type of fistula have a management difficulty due to their proximity to the anal sphincter and risk of developing iatrogenic incontinence. TROPIS (Transanal opening of intersphincteric space) is a new and innovative method of managing such fistulae/ perianal collections without risk of incontinence.

**PRESENTATION OF A CASE:** A 66 year old gentleman presented with the chief complaints of perianal pain and fever. He did not have any external component in form of swelling or opening. MR Fistulogram demonstrated a horse shoe shaped collection in the inter sphincteric space extending from 3 to 9 o'clock position with no external component. Internal Drainage of collection was performed as operative management (TROPIS).

**DISCUSSION:** We managed our patient with TROPIS and found that the road to recovery was smooth, as compared to conventional line of management for such cases.

**CONCLUSION:** We advocate the use of TROPIS for complex, high fistula in ano with intersphincteric collection.

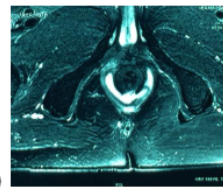
**KEYWORDS :** TROPIS, high fistula in ano, intersphincteric fistula in ano, LIFT

**INTRODUCTION:**

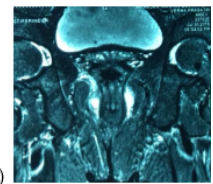
Fistula-in-ano is a hollow tract lined with granulation tissue, connecting a primary opening inside the anal canal or rectum to a secondary opening in the perianal skin. Over the centuries, probing of the fistula tract has been the procedure of choice for final identification of its anatomy and planning the treatment. Excising the fistulous tract (fistulectomy) is the treatment of choice. However, this treatment can become challenging when a larger portion of the sphincter muscle is involved. Use of Seton is a traditionally the favoured method for treating high fistulae to minimize the complication of flatus or fecal incontinence. More surgical procedures in the form of fibrin glue, Anal Fistula Plug (AFP), Anorectal Advancement Flap (ARAF), Video-Assisted Anal Fistula Treatment (VAAFT) and Ligation of the Intersphincteric Tract (LIFT) have been introduced and have met wide recognition[1]. The role of intersphincteric space in pathogenesis of most complex fistula-in-ano is increasingly being recognized [2,3]. The deep postanal space (DPAS), which was first described by Courtney [4] as "posterior sub-sphincteric space", was postulated to play a key role in pathogenesis and spread of posterior fistula-in-ano especially horseshoe fistulas. Latest in the line of management of fistula in ano is TROPIS- Transanal opening of intersphincteric space. In one large study, experience with high fistula in ano patients was encouraging. A success rate of over 90 % was obtained while dealing with high and complex fistulae in ano [5].

**CASE REPORT :**

A 66 year old gentleman, a known diabetic and hypertensive presented to our outpatient department with the chief complaints of perianal shooting pain which aggravated on defecation of 15 days duration. He also complained of fever of few days duration. On DRE, there was tenderness and bulging of the posterior rectal wall, extending to both lateral walls. On anal examination, there was no external opening or swelling noted in the perianal area. MR Fistulogram demonstrated a horse shoe shaped perianal abscess in the intersphincteric plane extending from 3 to 9 o'clock position. On EUA (examination under anesthesia), pus discharging point was noted at 6 o'clock position, around 2 cm inside the anal verge. Fistulous tracts were noted to be extending bilaterally in intersphincteric plane with indurations from 3 to 9 o'clock position. Internal drainage of intersphincteric collection was performed (TROPIS). Patient tolerated the procedure well and post operative recovery was uneventful.



A)



B)

**MR Fistulogram demonstrating a horse-shoe shaped abscess in the inter sphincteric plane**

- A) Transverse section**  
**B) Coronal section**

**DISCUSSION :**

High and complex fistula in ano of intersphincteric variety lie in the gray zone as far as management is concerned. They are mostly associated with collections in the inter sphincteric space which creates a treatment hardship. TROPIS aims at draining the collection in the intersphincteric plane and then proceed for treatment of the fistula in ano; the release of pus possibly downgrading the severity of the disease.

**CONCLUSION :**

We, with our experience of the above elaborated case, advocate using TROPIS ( Transanal opening of intersphincteric space) in high, complex intersphincteric fistula in ano. Collection in the intersphincteric space is basically a suppurative abscess and should be treated like one.

**Compliance with Ethical Standards**

**Conflict of Interest :** The authors declare that they have no competing interests.

**Consent :** Written informed consent was obtained from the patient for publication of this report and accompanying images.

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