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General Surgery

CLINICAL STUDY ON FISTULA IN ANO

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ABSTRACT Fistula is an abnormal communication lined by granulation tissue between anal canal and skin, which causes chronic inflammatory process. It occurs secondary to infection of anal gland. It develops in 26-38% of patients following anal abscess. Incidence in men 12.3/1lakh population and in women 5.6/1lakh population. Surgery is the treatment for fistula in ano. Fecal incontinence, recurrence, persistent discharge can occur following surgery. Hence sphincter saving surgery (LIFT, VAAFT) practiced now a days. It is necessary to select ideal surgical procedure for fistula and continuous follow up of patient becomes mandatory.

KEYWORDS : Clinical Study; Fistula; Ano; Analysis; Surgical Modalities

INTRODUCTION

Most of the benign conditions of the rectum and anal canal are caused by fistula-in-ano and are curable. The final consequence of crypto infections of glands are the reason behind more than 90% of these conditions. Although it is not a lifethreatening condition, it nonetheless makes it difficult to live a normal life. Since it is a persistent condition, surgery is the only treatment option. Unless treated, it will develop painful abscesses. It could rupture and release a serous or purulent discharge, impeding the sufferer's ability to go about their daily lives and interact socially. Despite being a prevalent condition in humans, conservative care does not provide a long-term solution in these situations

AIMS AND OBJECTIVES

1. To study the incidence of various causative factors of fistulae in ano.
2. To study the various signs and symptoms of fistulae in ano.
3. To study the outcome of various surgical approaches in view of persistence/ recurrence of fistulae and sphincteric incontinence following surgery.

MATERIALS AND METHODS

During the research study, a clinical investigation on fistula in ano was conducted at Santhiram Medical College and General Hospital, Nandyal, Andhra Pradesh (August 2022 to July 2023).

Through using closed envelope approach, 50 instances with fistula in ano with a clinical diagnosis were chosen at random.

Each detailed medical histories was gathered. Patients who needed it underwent a proctoscopic and per rectal examination.

In advance of surgery, all subjects had standard evaluations such as ECG, chest X-ray, and others. Fistulograms were performed in certain situations. Individuals who have fistulae had fistulotomy or fistulectomy. A three-month to one-year follow-up period was offered to patients

Inclusion criteria:

1. Patients of age more than 18 years.
2. Clinically diagnosed fistula in ano cases.

Exclusion criteria:

1. Patients who have other associated conditions like tumors and gross medical complications.
2. Age less than 18 years.
3. Pregnant females.
4. Patients who are not willing to participate in study

RESULTS

Modes of presentation:

Mode of presentation	No.of patients	percentage
Discharge	35	70%
Pain and swelling	10	20%
Perianal irritation	5	10%

Age incidence:

Age in years	No.of patients	percentage
18-30	12	24%
31-40	25	50%
41-50	11	22%
51,>51	2	4%

Sex incidence:

Sex	No.of patients	percentage
Males	40	80%
Females	10	20%

Socio-economic status:

Socioeconomic status	No.of patients	percentage
Low socioeconomic group	42	84%
High socioeconomic group	8	16%

Past history of abscess:

Past history of abscess	No.of patients	percentage
Present	46	92%
Absent	4	8%

Number of external openings:

No.of external openings	No.of patients	percentage
1	44	88%
2	5	10%
>2	1	2%

Situation of external openings:

Situation of external opening	No.of patients	percentage
Anterior	12	24%
Posterior	38	76%

Level of fistula:

Level of fistula	No.of patients	percentage
Low level	42	84%
High level	8	16%

Types of surgical treatment:

Types of surgical treatment	No.of patients	percentage
Fistulectomy	34	68%
Fistulotomy	8	16%
Setons	8	16%

DISCUSSION

In the 50 cases in the present study series, 50% of the patients were between the ages of 31 and 40. Another 24% of the patients were between the ages of 18 and 30. At the presentation, the average age was 34.5.

This might be because of the reason that aged or elderly people might be ignoring the illness and lack of compliance for visiting the hospital

citing the symptoms as minor.

In the 50 cases studied, 80% of cases were men and 20% were women, resulting in a 4:1 sex ratio. Of the 50 cases studied, 84% of the patients had a lower socio-economic position and 16% had a higher socio-economic status.

This phenomenon could be the result of poor hygiene, ignorance, and lack of literacy.

In the present study, it was noticed that pus discharge accounted for 70% of cases, making it the most frequent mode of presentation.

In 20% of patients, pain and swelling was the main symptom of presentation. 10% had the complaint of peri anal irritation as presenting complaint.

In 92% of cases, patients had a history of peri anal abscess in the past. The scenario of the presenting complaint of chronic discharge per rectum with a past history of peri anal abscess is almost suggestive of peri anal abscess.

Draining setons are often implanted as a step before another treatment like LIFT or a fistula plug, or they are paired with the closure of the internal orifice (simple closure or flap closure). Horse-shoe fistulas may not respond well to staged drainage setons.20 In the present study, there were no cases with multiple draining fistulas or horse shoe fistulas.

Anal fistulas can also develop as a result of radiation proctitis. Less than 10% of cases with radiation proctitis require surgical intervention, and fistula tracks to the vagina, urethra, and bladder are a frequent consequence.

Patients with human immunodeficiency virus, with or without AIDS, are inclined to anorectal disease and anal fistulas. Impaired microvascular healing frequently necessitates various therapeutic modalities, including local excision, flap reconstruction, and diversion of stool or urine from the location.

These fistulas might be without internal holes and occasionally wouldn't have an underlying abscess. In one research, regardless of the use of antiretroviral medication, fistula-in-ano contributed for 6% of anorectal diseases in HIV patients. In the present study, no sero positive cases of HIV were identified.

Drainage of local sepsis is the primary line of therapy after a clear diagnostic description of the perianal illness utilising proctosigmoidoscopy, MRI, EUS, and EUA. The suggested procedures for uncomplicated perianal CD are non-cutting seton implantation or fistulotomy; antibiotics should also be administered.

However, other methods are gaining popularity because to their simplicity and conservatism. One such method is LIFT. The success rates of the anal fistula plug are comparable to those of the advancement flap, although it has not gained much traction. Since VAAFT and autologous adipose-derived stem cells are relatively new, there is little information on their effectiveness and success.

CONCLUSION

1. Because to cryptoglandular infection (infection of the anal glands) and as a side effect of ano rectal abscess, fistula in ano is a significant and prevalent condition.
2. It is a sickness that can be cured with surgical treatment, stronger antibiotics, local medications, and proper post-operative wound care, such as twice-daily sitz bath.
3. The diagnosis is determined using the patient's medical history, examination findings, radiological assessment and histological investigation of the fistula tract.
4. Of the 50 instances included in the research, in most of the cases there is no clear aetiology In only 3 cases there was TB etiology.
5. Recurrent fistulae-in-ano should raise the suspicion of tuberculosis in order to prevent an exceptional delay in treatment and suffering for the patient. ATT should be initiated in these cases.
6. Surgery should be performed as a primary treatment with intent of full healing, prevents recurrence and sparing the continence.
7. Fistula in ano are treated with traditional methods of surgery like Fistulotomy, Fistulectomy and setons with satisfactory results.
8. The newer techniques need much development and research to establish them as a preferable treatment options for the treatment of fistula in ano.

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