Section: General Surgery

Original Research Article

A CLINICAL STUDY ON THE DIAGNOSIS AND MANAGEMENT OF ANORECTAL FISTULA

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ABSTRACT

Anal fistula occurs most commonly when the anal glands, which reside in the intersphincteric plane, become occluded and infected, which results in cryptoglandular abscess. They are commonly classified based on their anatomical locations. Anorectal fistulas are characterised by their tract location relative to the internal and external sphincters. Trans sphincteric fistula is one that crosses to the other side of the external sphincter before exiting in the perianal area and thus involving both sphincters. MRI is more sensitive than CT in providing images of the sphincter complex and supralevator spaces allowing preoperative identification of involvement of these regions. Grade 1&2 fistulas can be managed with fistulectomy or fistulotomy. Grade 3& 4 involve external sphincter, so placement of seton may be necessary before fistulotomy or fistulectomy.

INTRODUCTION

Anorectal fistulae are prevalent and are intricate issues that are encountered in anorectal surgery. It is characterized by symptoms such as purulent discharge, staining of garments, and recurrent abscess formation. The inadequate and ineffective management of this illness, has led to the reoccurrence of the disease. The requirement for per-rectal and proctoscopic inspection and probing to accurately evaluate the disease condition. Additionally, there are more recent methods for treating fistula-in-ano, such as administration of a sclerosing agent directly into the fistulous tract.

Aims & Objectives

- To study the various modalities of treatment of fistula-in-ano.
- To study the complications associated with them.

MATERIALS AND METHODS

The study was conducted in Total of 50 patients in the Department of General Surgery, Kurnool Medical College & Hospital, Kurnool for a period of 12 months. The patients who satisfied the inclusion criteria were enrolled after written informed consent. All the 50 patients were selected by convenient sampling method. The data was collected prospectively by direct observation in specially designed proforma. Clinical history and physical examination, both general and systemic was recorded according to the proforma prepared. Detailed examination of the local region with regards to the external opening or openings in relation to the axis was done. The extent of induration in relation to the axis, course and its relation to the anorectum was noted. Also the behaviour to the Goodsall's rule was noted. Per-rectal and proctoscopic examination was done in order to assess the track and internal opening in relation to the ano-rectum and to rule out pathology in the rectum. sigmoidoscopy was routinely done in order to rule out other pathology, which might have resulted in fistula-in-ano. Detailed abdominal examination was done to rule out other conditions which could have caused fistula-in-ano. Each patient was subjected to biochemical and hematological investigations. All the patients were subjected to radiological investigations.

Radiological examination consisted of

a) Chest x-ray
b) Fistulogram.

Laboratory examination included routine blood count and urine examination. The mode of treatment was decided based on individual cases. Operative treatment was offered to all. The six patients who refused operative therapy were offered sclerosant injection into the track.

RESULTS

Among the study population, majority (44%) of them belonged to 30-39 years, followed by 40-49 years

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(32%), 20-29 years (16%). 8% belonged to 50-59 years. Among the study population,70% were males, 30% were females. Among the study population, the most common complaint was pain (94%), discharge (88%), itching (78%), abscess in 38% and constipation in 12%. Among the study population, 8% were operated previously. Among the study population, granulations were present in 24% and discharge was visible in 88%. Among the study population, 78% had one external opening, 10% had two and 12% had three. Among the study population, tract was anterior to the axis in 80%. Among the study population, internal opening was low in 84%. Among the study population,78% underwent fistulectomy, 10% fistulotomy and 12% LIFT. Among the study population,8% had recurrence. All of them underwent fistulectomy.

DISCUSSION

In the present study, among the study population, majority (44%) of them belonged to 30-39 years, followed by 40-49 years (32%), 20-29 years (16%). 8% belonged to 50-59 years. In the study done by Andreou C et al[2020],[51] the mean age was 49.7 years [SD ± 15.9]. In the study done by Saxena P et al[2019],[52] maximum 54 (60%) patients were in age group 21 –40 yr and29 (32.2%) patients were in age group 41-60yr . In the present study, among the study population,70% were males. In the study done by Andreou C et al[2020],[51] 80% males (n = 52) and 20% being females (n = 13) . In the study done by Saxena P et al[2019],[52] the disease predominantly affected males (86.6%) and Male: Female was 6.5:1. In the present study, among the study population, the most common complaint was pain (94%), discharge (88%), itching (78%), abscess in 38% and constipation in 12%. In the study done by Saxena P et al[2019],[52] Perianal discharge in 82 (91.1%) patients, pain in 74 (90%) patients & swelling in perianal region in 28 (31.1%).In the present study, among the study population, granulations were present in 24% and discharge was visible in 88%. In the present study, among the study population, 78% had one external opening, 10% had two and 12% had three with positioning of the tract and internal opening was low in 84 . In the present study, among the study population, tract was anterior to the axis in 80%.In the present study, among the study population, tract was anterior to the axis in 80% . In the study done by Saxena P et al[2019],[52] 77.6% were posterior fistulas.In the study done by Hareesh GSR [2019],[53] Posterior fistulas are seen in 93.30% and anterior in 6.70% patients. In the present study, among the study population, internal opening was visible in 42% on proctoscopy. In the present study, among the study population, tract was high on probing in 16% and 84% the tract was low. In the study done by Hareesh GSR [2019],[53] 94.70% patients have low level fistula & 4.3% are having high level of fistula . In the present study, among the study population,78% underwent fistulectomy, 10% fistulotomy and 12% LIFT. In the study done by Andreou C et al[2020],[51] 65 fistulotomies (70%), 13 mucosal advancement flap (14%), 7 anal fistula plug (8%) and 8 cutting-seton operations (8%).In the study done by Saxena P et al[2019],[52] 31.1% patients treated with fistulectomy, 51.1% treated with fistulotomy, 13.3% treated with setton, 3.35% with LIFT. In the present study, among the study population,8% had recurrence. All of them underwent fistulectomy. In the study done by Andreou C et al[2020],[51] the total rate of recurrences was 15%

In the study done by Saxena P et al[2019],[52] Recurrence was seen in 3.57% cases after fistulectomy and 2.1% after fistulotomy.

CONCLUSION

The present study was conducted in the Department of General Surgery, Kurnool Medical College & Hospital, Kurnool with the primary objective to study the various modalities of treatment of fistula-in-ano with the following conclusions:

- Anorectal fistulae are commonly seen in middle age male population.
- The most common complaint in anorectal fistula was perianal pain followed by discharge.
- In most of the cases, fistulous tract was anterior to the axis.
- Single external opening was seen frequently.
- On proctoscopy, internal opening was visible in less than fifty percent of patients
- In majority, internal opening was low in position.
- Fistulectomy was the most common modality of the treatment.
- Recurrence was seen with high anal fistulas which were subsequently treated with fistulectomy.

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