

Surgery for Fistula in Ano - is it a disappointment for Surgeons?

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ABSTRACT

Aim: To analyze the outcome of surgical treatment of perianal fistula in patients admitted to the surgical department in Allama Iqbal Memorial Teaching Hospital, Sialkot, Pakistan.

Study Design: Prospective study.

Setting and duration of study: Department of Surgery, Khawaja Muhammad Safdar Medical College, Sialkot; from December 2015 to April 2018.

Methods: Patients presenting in surgical out patients department with perianal fistula were serially enrolled. Data of 150 patients was collected from December 2015 to April 2018. Two groups were made; Group I- primary cases and Group II- Recurrent Fistula. Outcome of surgery was analysed after regular follow up. Only those patients' data was collected and analysed with follow up of at least three months after surgery. Results were analysed using SPSS v22.

Results: Out of 150 patients included in our study, the mean age was 40 years: the majority of the patients were males. The average duration of hospitalization was 2.5 days. The average time to return to work was 5 ± 2.0 days in recurrent fistulas as compared to 3 ± 1.0 days in primary cases. No serious complications were encountered, and preoperative complaints recurred only in 14 patients in primary group-I while there were 7 patients of recurrent group who had recurrence for the second time. Details of surgical procedures, Fistulotomy was done in 31% patients of Group I and 24% of Group II while fistulectomy was done in 65% of Group I & 42% of Group II patients, Seton placement was a procedure done in 2% Patients in Group I and 27% patients in recurrent cases, 0.3% patients of Group I & 1.6% patients of Group II were undergone mucosal advancement flap techniques and Colostomy and fistulectomy were done in 0.6% patients of Group I & 3% patients of Group II.

Conclusion: Surgery for perianal fistula is something not liked by the surgeons due to associated morbidity especially recurrence. Recurrent fistulas are more resistant to healing; however primary surgical treatment offers the best chance of cure.

Keywords: Fistula in ano, High, low, fistulotomy, Fistulectomy, seton

INTRODUCTION

Surgical history throughout the world shows, fistula in ano has been an infuriating pathology. Anal fistula is an abnormal connection between lower intestinal tract and the skin around anus, common cause of which is a previous anal abscess¹. Anal abscess secondary to infection of anal glands. Recurrent abscess rupture to exterior or is surgically drained resulting in fistula formation. Other causes include tuberculosis, IBD, or proctocolitis and lymphogranuloma inguinale². It can develop in chronic anal fissure. It can be a manifestation of rectal carcinoma. Foreign bodies like fish bone may cause fistula by penetrating the rectum³.

According to Park's classification, fistula-in-ano can be four types: i) Intersphincter - 70%, ii) Transphincteric - 25%, iii) Suprasphincteric - 5%, iv) Extrasphincteric - 1%⁴

Patients with fistula in ano mostly present with discharge that may be intermittent or constant. It usually starts with painful swelling and recurrent abscess^{5,5}. The abscess may rupture spontaneously or get surgically drained. There is irritation of the skin around the anus due to persistent drainage of pus and blood⁷.

There is a great diversity in treatment of perianal fistula and the effectiveness of the technique used differ in patients. Surgery is the mainstay of treating fistula in ano. The main aim of surgical treatment of fistula in ano is to remove the fistula meanwhile avoiding the anal incontinence^{8,9}. The methods used for this purpose are fistulotomy, use of Seton stitch and fistulectomy. Most of the time surgeons prefer fistulotomy. Fistulectomy is done only when histological sample is required¹⁰.

Since no work is done related to the topic in our setup so we collected data of our patients and statistics analysed using SPSS v 22.

PATIENTS AND METHODOLOGY

Patients presenting in out patients' department with perianal fistula were enrolled. Details 150 patients was collected; from December 2015 to April 2018. Two groups were made. Group I- primary cases and Group II- Recurrent Fistula. Outcome of treatment was assessed by follow up at weekly schedule. Data of those patients with follow up period of minimum 3 months postoperatively. Results were analysed using SPSS v22. The data of this study was expressed as mean \pm SD. A statistical analysis was conducted using SPSS version. 20.

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RESULTS

The outline of our study is shown in Table I. The group wise data collected is shown in Table II. Table III- shows morbidity

Table I: Demographic data (n=391)

Age	20-40years :26(31.70%) 40-60 years :48(58.53%) >60 years:8(9.75%)
Gender (M:F)	(59:23)(70.8%:29.2%)
Complaints	Discharge 42(64.6%) Bleeding:21(32.3%) Painful defecation:18(27.7%) Constipation: 6(9.2%) Perianal itching: 11(16.9%) Weakness: 4(6.2%)
Primary cases	330
Recurrent cases	61
Diabetic	109
Hypertensive	87

Table II; Surgical procedures

	Group I- Primary cases 330(100%)	Group II- Recurrent cases 61 (100%)
Fistulotomy	105(31%)	15(24%)
Fistulectomy	215(65%)	26(42%)
Seton placement	7(2%)	17(27%)
Mucosal advancement flap	1(0.3%)	1(1.6%)
Colostomy and fistulectomy	2(0.6%)	2(3%)

Table III- Morbidity Data

	Group I- Primary cases 330(100%)	Group II- Recurrent cases61 (100%)
Recurrence	25 (7%)	11 (18%)
Contracture	2 (0.6%)	4 (6%)
Incontinence of fecal matter	0	1 (1.6%)
Incontinence to liquids (fecal)	1 (0.3%)	1 (1.6%)
Incontinence to flatus	7 (2%)	5 (8%)

DISCUSSION

Our study showed that recurrence was 7% in Group I & 18% in Group II, while it was 14% according to the study by Lehmann et al¹¹.

Our data presented Contracture rate was 0.6% in Group I & 6% in Group II, while data of Abcarian et al¹² showed this rate to be 3%.

We observed that incontinence of faeces did not occurred in Group I patients, but it occurred in 1.6% of Group II patients, while Murugesan et al¹³ observed faecal incontinence in 2% of patients in their study.

Incontinence to liquids was present in 0.3% of Group I patients & 1.6% of Group II patients according to our study, while Bleier et al¹⁴ showed this to be present in 0.9% of patients according to their study.

2% of Group I & 8% of Group II patients showed incontinence to flatus according to our research, while 5% of patients had this complaint according to the study by Aboulian et al¹⁵.

CONCLUSION

Surgery for perianal fistula is something not liked by the surgeons due to uncertain results especially recurrence. Recurrent fistulas are more resistant to healing; however primary surgical treatment offers the best chance of cure.

Conflict of interests: No conflicts of interest or financial ties to disclose.

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