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AN UNIQUE SURGICAL APPROACH IN MULTIPLE FISTULA IN ANO - CASE REPORT

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ABSTRACT

Fistula in ano is a diverse disease, which occurs due to infection of the anal gland leads to development of fistulas in anal and Perianal region depending on the location of the gland, Acharya Sushruta mentioned different types of incisions in *Bhagandara* for cleaning the tract, Fistulotomy or Fistulectomy procedures should be done without damaging the sphincters, but there is no single treatment or method of surgery which is effective against all types of fistulas So, the surgical method in fistula in ano depends on surgeon skills, In this case fistula tract was in Y shape, Here portion of fistulous tract was excised nearer to anal verge without damaging the sphincters and in proximal portion of fistulous tract Kshara jala was Pushed and Cleaned followed by *Apamarg Kshara sutra* ligation which contain External sphincters at anal verge.

KEYWORDS: Multiple fistula, *Bagandara*, Fistulectomy, *Kshara sutra*,

INTRODUCTION

Fistula is a communicating track between two epithelial surfaces, commonly between a hollow viscus (Internal opening) and the skin (External opening) or between two hollow viscera, the track usually lined with granulation tissue which is subsequently epithelialised,(1) Fistula in ano has origin at anal gland as the anal gland is situated deep to the internal sphincter its duct passes through the internal sphincter to open in the crypts of morgagni situated at the dentate line due to tone of the internal sphincter duct can't aptly discharge the content of the glands, stasis and secondary infection lead to abscess formation later the abscess tracks down and open in the perianal skin,(2) commonly involved organisms in perianal abscess are *E coli*, *Staphylococci* and *Streptococci*.(3)

Anal fistula is classified depending on whether the internal opening is above or below the anorectal ring viz, Low level fistula (Subcutaneous, Submucous, Intersphincteric, Transsphincteric, and Supra sphincteric fistula) and High level fistula (Extra sphincteric, Trans sphincteric and Pelvi rectal fistula), Fistulas may be single or Multiple if more than one opening present is called as Multiple fistula in ano,(4) In anal fistula typically patient will have history of abscess and once the abscess is ruptured and drained by itself patient feels relief after few days again abscess collection will occur ruptures and drains by itself, *Bhagandara*

can be correlated nowadays to Anal fistulas.

Acharya Sushruta gives detailed explanation regarding the *Bhagandara* and different *Bhedana karmas*,When person indulges in *Apatya ahara* and *Vihara* which causes *Vatadi dosha prakopa* and lodges at the peri anal region just one or two *anguli* away from the anal verge later there will be involvement of *Mamsa ansd Rakta dhatu* leads to formation of *Bhagandara pidaka*, if it is not treated at early stages that attains *Pakavasta* and leads to *bhagadara* sometimes through this tract faecal matter, urine etc may comes out.[5]

Acharya Sushruta mentioned 5 types of *Bhagandara* based on *dosha pradhanata* i,*e Shataponaka (Vataja), Ushtragreeva (Pittaja), Parisravi (Kaphaja), Shambhuka varta (Sannipataja)* and *Unmargi (Agantuja),* Vagbhata mentioned 8 types in that 3 are different than Acharya Sushruta i,e *Parikshepi (Vata-pittaja),Ruju (Vata kaphaja), Arsho bagandara (Vata-pittaaja),* Acharya Sushruta also mentioned different types of *bhedana karmas* for different types of *bhagandara* viz, *Arda langalaka, Langalaka, Sarvatobadra, Goteerthaka* are for *Shataponaka bhagandara. Kharjura patraka, Chandrarda, Chandra chakra, Suchimukha, Avangmukha* are for *Parisravi bhagandara*.[6]

The ideal treatment of fistula in ano is to completely expose tract and eradicate the infection by doing Fistulotomy or Fistulectomy however this is achieved by dividing the sphincters carefully, this is suitable only for low level fistulas because division of this part of sphincter doesn't lead to any significant incontinence,[7] when it comes to high level fistula in ano chances of Sphincter injury is high and chances of reoccurrence is also high, as there increased chances of surgical site infection in ano rectal surgeries we can't assure the re-occurrence.

CASE REPORT

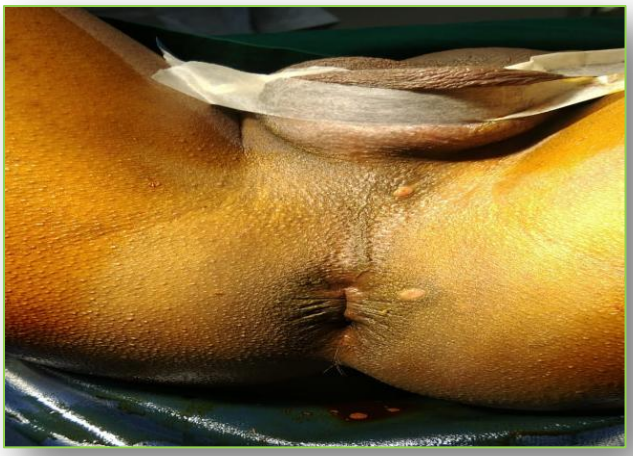
A 35yr old male patient not a known Case of Diabetes Mellitus, Hypertension, Ischaemic Heart Diseases and Thyroid disease came to our *Shalya Tantra* OPD with below complaints

Chief complaints:

Patient complaining of Pain and pus discharge at Perianal region since 1 yr, associated with incomplete evacuation of hard stool with strain and patient told that after complete discharge of pus patient used to feel relief, after 1 week again starts feeling pain and get relief once the tract is cleared by itself after draining pus on its own.

On clinical examination:

On inspection we found two external openings one was at just below the left scrotum which is >5cm away from the anal verge and another opening at 3 'O' clock position within the 2.5cm away from the anal verge, On palpation there was tenderness at both the openings and cord like induration was felt thorought the length of the tract from the scrotal region to anal verge and we found one common internal opening at the 3 'O' clock position for both the tract, after thorough examination diagnosis was made as Fistula in ano and planned for Surgery under SAB.



PRE-OPERATIVE PROCEDURE

→ Well informed consent for Surgery and Anaesthesia

→ Patient was NBM for 6 hrs before OT

→ Parts preparation done and Soap water enema was given before surgery

→ Injection TT 0.5cc I/M and Inj Lignocaine 0.2cc S/C given as test dose

→ Surgical profile investigations viz, CBC,CT,BT,HIV I &II, HBSAg ,RBS were done Patient was prepared for procedure according to standard protocol.

OPERATIVE PROCEDURE

→ Under SAB patient took in lithotomy position, under all aseptic precautions parts painted and draped.

→ Proctoscopic examination done to confirm the internal opening followed by probing.

→ Small incision is took on the track where both 3 O clock and 1 O clock tracts joins each other and a portion of communicating segment was excised after isolating from surrounding soft tissue which contain small portion of both 3 O clock,1 O clock and a small portion of common track towards anal canal.

→ In both distal portion of fistula tract (1 and 3 O clock) Kshara Jala was pushed and cleaned.

→ A portion Fistulous tract at anal verge was found to be trans-sphincteric So, *Apamarga Kshara sutra* ligation was done.

→ Haemostasis achieved through the procedure and dressing done.

→ Patient shifted to ward with all vitals within normal limits.

POST OPERATIVE PROCEDURE

→ NBM for 6 hrs

→ Monitored all the vitals

→ On the next day of surgery again wound cleaned with normal saline and povidine iodine soaked gauze kept and wound packed.

→ Sitz bath with *Triphala kwath* 2 times/day

Patient was discharged after 3 days of hospitalisation with medications.

Discharge medications:

1) *Triphala Guggulu* 1 BD

2) Gandhaka Rasayana 1 BD

3) *Triphala Kashaya* sitz bath 2 times /day

4) *Avipattikara choorna* 2tsf HS

Follow up:

Advised dressing on every alternate day and *Kshara sutra* changed every week, after 6 weeks of follow up wound healed

completely without any much scar so, patient was asked to come every month for follow ups for 5 months.

RESULT

After regular follow up for about 5 month without any re-occurrence the partial fistulectomy followed by *Kshara sutra* ligation gives satisfactory results in fistula in ano, after complete healing even scar tissue is very less and healed without any re-occurrence and complications

DISCUSSION

The goal of treatment of fistula in ano is eradication of sepsis without sacrificing the continence, because fistulous tract encircle variable amount of sphincter complex and surgical treatment is decided by the surgeon based on the location of the internal and external openings considering the course of the tract, to determine the internal opening we can use the Goodsall's role.

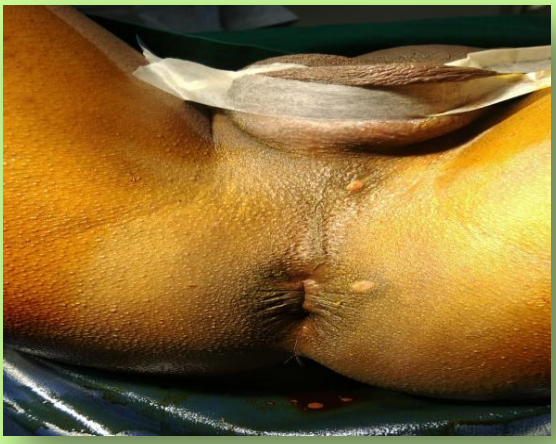
Here we adopted Partial fistulectomy by excising a portion of Communicating fistulous tract followed by *Apamarga Kshara sutra ligation*, most of the ano rectal surgeries are more vulnerable for infection, henceforth chances of reoccurrence is very high specially for multiple fistula in ano, Even in modern clinical practice there is no definitive treatment modality for fistula in ano, If we follow complete fistulectomy then wound will be too lengthy which takes long time to heal, more post-operative pain, Risk of sphincter damage and chances of reoccurrence is very high if source remains unkowningly, The method of surgery of such typical multiple fistula in ano depends on the surgeon's skills so here we followed Partial Fistulotomy by this remaining distal fitulous portions lost the connection from each other & from anal canal and both tracts was cleaned by Kshara jala and as *Kshara* has *Tridoshagna*, *Chedana*, *Bhedana*, *Lekhana*, *Shodana* and *Ropana* properties, which we need in case of fistulas, by ligation of Apamarga *kshara sutra* it helped in draining the remaining source of infection completely without damaging the sphincter and simultaneous cutting and healing of the tract was seen, Post-operatively for minimum 6 months advised to to take Fibre rich diet like green leafy vegetales, Fruits after having meal, More water intake and advised to avoid Non-Veg like Chicken, Mutton, Egg and Bakery products or anything which causes Hard stools to the patient and regular sitz bath with Panchvalkala Kashaya after defecation till complete wound healing,In this patient rather following fistulotomy or complete fistulectomy we excised a part of tract by this post operative pain was minimal, healing occurred very fast and infection is eradicated completely so that reoccurrence was not seen.

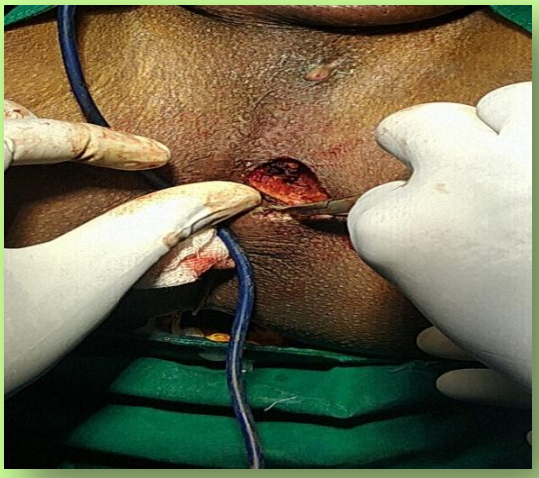
MODE OF ACTION

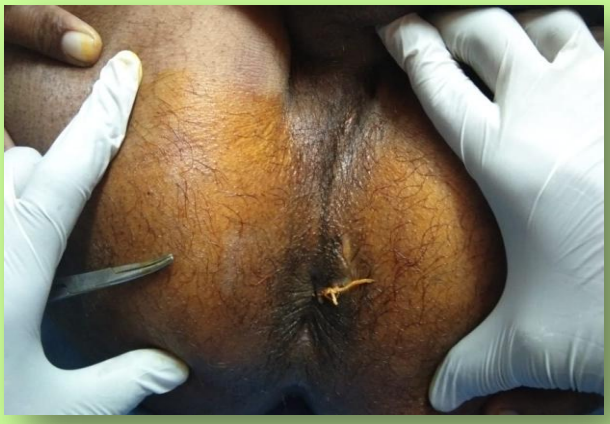
1. Chedana, Bhedana properties of kshara helped in removing the slough from the distal tract after cleaning the tract with kshara jala
2. Lekhana property of kshara damaged the unhealthy granulation tissue from fistulous tract
3. Chedana, bedana and lekhana properties of kshara act as irritant to the wound site which induces inflammation that leads to vasodilatation at local wound site so more inflammatory mediators will reach wound site and enhances the healing along with prevention of infection.
4. Kshara sutra does the simultaneous cutting and healing of fistulous tract by chedana and bhedana property and help to drain the infective source.

CONCLUSION

By this Partial fistulectomy followed by *Apamarga kshara sutra* ligation we got good result, By this method in this typical multiple fistula we found that there will be minimal post operative pain, wound size will be less so that heals early and chances of reoccurrence is very less because source of infection is completely eradicated So, it is a good method and patient got satisfactory results.







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