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MANAGEMENT OF RECURRENT FISTULA IN ANO BY IFTAK TECHNIQUE

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ABSTRACT

Fistula in ano is the most challenging surgical disease to manage,with complex fistulas presenting even greater difficulties due to its intricate anatomy and high recurrence rates. The primary concern in treating fistula in ano is a risk of damage to anal sphincters which can compromise faecal continence and its high recurrence rate. **Case Presentation**: Here, we present a case of complex fistula in ano, treated successfully by the IFTAK technique (Interception of fistulous tract with the application of Ksharsutra) practiced at Banaras Hindu University, Varanasi, India. In the present case study, a 40 years old male patient came to our OPD of Shalya Tantra, Ayurveda Hospital, with a chief complaint of pain and pus discharge from perianal region since last 4 years. Internal opening also present at 6 o' clock position into the anal canal at dentate line on digital per rectal examination. Probing was also done to confirm the site of internal opening of bhagandara. Patient was already operated twice for fistula outside B.H.U. Patient did not have previous H/O any medical and surgical illness with negative family history. Patient was diagnosed a case of Recurrent Fistula-in-ano on the basis of clinical presentation. Fistula was completely healed in due course of time without impairing anal continence status of the patient. At 6 months of follow up, the patient was healthy and no recurrence was found. **Conclusion:** IFTAK is a minimally invasive technique and is very effective in managing complex fistula in ano of cryptoglandular origin. The main cause of recurrence in complex anal fistula is non-identification of an infected anal crypt, secondary extensions, associated sepsis or abscess at the time of surgery. So, precise diagnosis and appropriate surgical measures play an important role in the successful treatment of anal fistula, failure to either will result in non-healing or recurrence.

KEYWORDS: fistula in ano, IFTAK, *Ayurveda*, *Ksharasutra.*

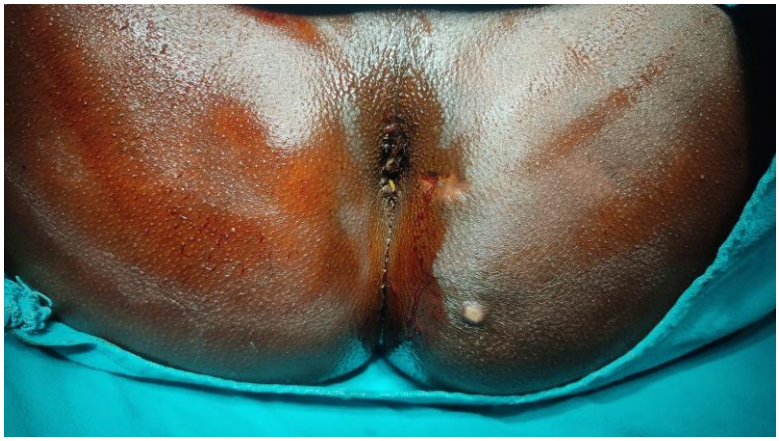
INTRODUCTION

Fistula in ano is defined as an abnormal tract connecting the anal canal with the perineum. It is a complex surgical disease that presents a unique challenge due to its complicated anatomy and high recurrence rates with various treatment modalities and no standardized protocols. The main aim of anal fistula surgery is to achieve definitive healing through closure or excising fistulous tract without faecal incontinence, which includes the correct identification of internal opening, primary site of cryptoglandular infection and the course of primary and secondary tracks or any abscess. Failure of this, results in recurrence of fistula in ano.

Ksharasutra therapy is considered a gold standard treatment modality for managing anal fistulas in *Ayurvedic* practice with less recurrence rate and no impaired anal continence.[1] However, the disadvantages of conventional ksharsutra therapy are multiple hospital visits, long-time discomfort, and big post-procedural scar. Also, the branching tracks and distant extensions in fistula cannot be intervened at the same time, and if done, it may create a difficult situation for the patient.[2] These shortcomings led to development of an innovative treatment modality known as IFTAK i.e. Interception of fistulous track with application of *ksharsutra*. With this technique, all types of nonspecific complex fistula in ano are dealt effectively and if performed accurately with proper diagnosis, it can state the potential effectiveness of the treatment. In the present report, we submit a case of posterior complex fistula in ano treated successfully with IFTAK technique.

Patient information

A 40 years male patient was admitted with complaints of pain and pus discharge from perianal region since six months in the indoor patient department (IPD) of *Shalya Tantra*, Faculty of *Ayurveda*, Institute of Medical Sciences, Banaras Hindu University, Varanasi, Uttar Pradesh, India. The patient initially had mild symptoms, but as the time went on, the perianal symptoms worsened. The patient was operated twice earlier before coming to our opd.(fig-1)



(fig-1)

Clinical findings

After taking the brief history of the patient, a visual and digital rectal examination was performed under aseptic conditions. Visual examination presented that there was skin discoloration on the left side of the anal canal with an external opening at about 5 'o' clock position through which the little pus was oozing (Fig. 1). The digital rectal examination could feel induration and a small pit posterior to the anal canal in the midline position, possibly the internal opening of the fistula in ano and bogginess was also felt posteriorly and on the left posterolateral wall of the anal canal suggesting the collection which was extending laterally towards left ischiorectal fossa and upwards towards the levator ani muscle. Previous surgical mark was also present.

By local and digital rectal examination, the patient was diagnosed as a case of complex recurrent fistula in ano.

Diagnostic assessment

Complex anal fistulas are very challenging to treat. The IFTAK technique is highly regarded for its best outcomes in complex ano fistula.

All laboratory findings were found to be within normal limits. Patient didn't give any history of Diabetes Mellitus, hypertension, Tuberculosis or any other major ailments.

The essential goal of the IFTAK technique is to treat the infected anal crypt by the application of *ksharsutra* while simultaneously facilitating drainage to the primary track, the secondary extensions or the abscess cavities via interception and rerouting at the level of external sphincter.[3]

Therapeutic intervention

After the patient's consent, patient was taken to the operation theatre, where he was placed in a lithotomy position, and a local anaesthetic agent (Lignocaine 2%) was infiltrated in and around the sphincters region to achieve local anaesthesia. The fistula's internal opening was identified by visual inspection, digital rectal examination and probing. Subsequently, a 2 cm vertical incision was made posterior to the anal canal in the midline position at the level of the external sphincters. The incision was then deepened by splitting the muscle fibers by blunt dissection, fistulous track was intercepted and abscess cavity was approached. When the cavity was reached, a large amount of pus poured out, and the cavity was thoroughly cleaned using saline-soaked gauze. Then, using a malleable silver probe, a standard *ksharsutra* (*Apamarg ksharsutra*) was then inserted into the proximal track of the posterior window and taken out from the internal opening present at 6 o'clock position (Fig. 2). After achieving hemostasis, dressing was applied, and the patient was transferred to the ward for further care. Beginning the next day, the patient was advised to take a lukewarm sitz bath, followed by dressing with Jatyadi ghrita and the patient was also instructed to take *Triphala Guggulu* 2 tabs TDS after the meal and *isabgol husk* 5 gm HS. After two days of primary care patient was discharged from the hospital.

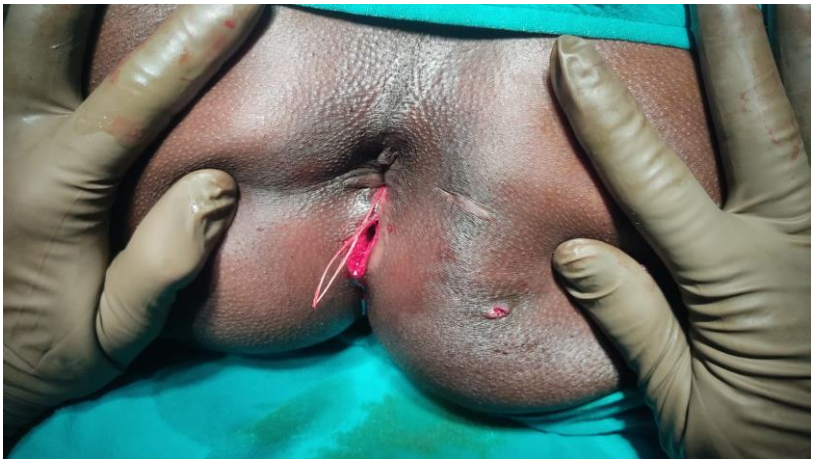
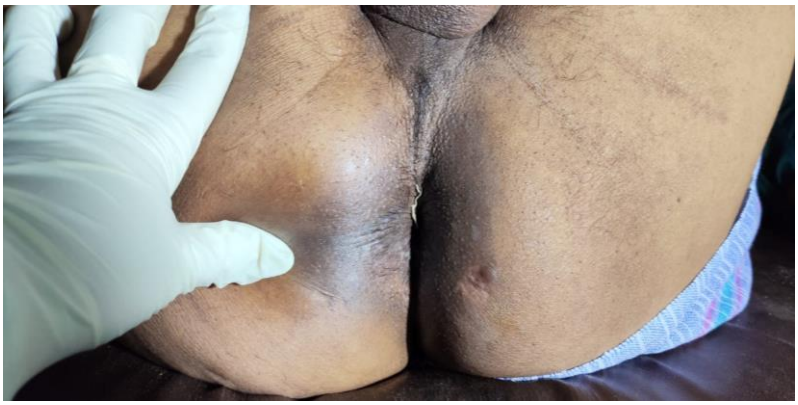


Fig. 2.

Follow-up and outcome

Ksharsutra was changed weekly, and the pateint was asked to take ayurvedic medicines. At begin, there was continuous pus discharge from the window made posterior to the anal canal, which gradually diminished with time. The external opening dried after seven days, and the patient did not complain of any discharge from the external opening These signs are

indicative of succesfully performed IFTAK procedure. Fistula completely healed after two months of the treatment, and no recurrence was noted at six months of follow-up.(fig-3)



(fig-3)

DISCUSSION

Ksharsutra therapy is a widely practiced technique of the Indian system of medicine and it is regarded as the most effective and reliable treatment option for anal fistulas with considerably high success rate.[4] This therapy is often a day care procedure performed under local anaesthesia with minimum postoperative complications compared to other conventional surgical procedures being practiced today. Conventional surgical measures are associated with varying risks of recurrence (0.7–26.5%) and faecal incontinence (5–40%).[5] These associated risks can be significantly reduced with ksharsutra therapy. However, conventional *ksharsutra* therapy might not be helpful for all types of fistula especially the complex anal fistula as they often have multiple tracks and distant extensions Conventional *ksharasutra* therapy is essentially multi-sitting fistulectomy hence requires multiple visits and long duration for complete healing of fistula. Additional drawbacks include discomfort, postoperative pain and noticeable scar at operated site post healing. On the other hand IFTAK technique seems to overcome all of the aforementioned problems. In IFTAK, treatment duration is relatively short, there is little or no hospital stay, and significantly less tissue is injured during surgery., Further, it can be performed under local anaesthesia and leaves only a minimal scar at the operative site. IFTAK reduces the duration of treatment by shortening the track and focusing on eradicating of infected anal crypt which is the principal site of pathology in anal fistula.[6] As a result, no treatment of the distal or residual track is required. Even though we have adequate treatment options for all types of anal fistulas, we fail to effectively cure the disease. Determining the precise nature of the fistula, the anatomical course of disease, is therefore crucial to ensure that nothing is

overlooked during surgery. Anal Fistulas are of two types basically, cryptoglandular or non-cryptoglandular.[7] In cryptoglandular fistulas if we can locate the infected anal crypt or gland, the half job is done. In our practice, surgery is typically done following the clinical diagnosis and the outcomes results are excellent.

Informed consent

Informed consent was taken from the patient before the treatment and for publishing his details.

CONCLUSION

Complex anal fistulas are difficult to cure, as they pose challenge to diagnose, and as a result the patient may not get the proper treatment at the right time. Accurate assessment and appropriate surgical measures are equally important for an anal fistula to be cured; failure to either will result in recurrence. IFTAK technique is minimally invasive with less or no hospitalization; the patient can do his routine work throughout the course of the treatment. Additonally, anal continence is not impaired with this technique.

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