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Anal fistula with Prepubic Space extension (Recto Inguinal Fistula) treated by *Kshara Sutra* and track debridement therapy - A Case Report

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ABSTRACT

Earliest reference about anal fistula is available in Sushrutha Samhita an ancient Indian surgical text book, written in 500BC. Different varieties of anal fistulae have been mentioned, like complicated tracts, curved tracts and fistula with multiple openings or those which take a round path to anal canal.[1] Such fistulae were common in surgical practice. Sometimes it is difficult to diagnose anal fistula, when patient presents with unusual signs and symptoms of disease. Ksharasutra (medicated seton) therapy is being practiced in India with high success rate (recurrence of 3.33%) in the management of complicated anal fistula.[2]

Key words: *Anal fistula, Prepubic Space extension, Kshara Sutra.*

INTRODUCTION

A 38-year-old male patient, gold shopkeeper by occupation, came with complaints of recurrent (post I & D) abscesses in the bilateral perianal region with swelling at left prepubic and inguinal region, associated with fever and chills with signs of early septicemia. This required hospitalization, IV antibiotics, IV fluids administration, incision and drainage under spinal anesthesia was done medical college hospital was discharged post operatively after 30 days.

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At such episode, he visited our hospital OPD. On examination-there was horse shoe shaped abscess at perinal region. There was inadequately discharging wound in left peri-anal region or ischiorectal fossa due to previous surgery.

Digital rectal examination suggestive of tense ischiorectal space due to recurrent absecess. USG was done to R/O post operative status of opening of wound finding was operative site forming abscess cavity which was coursing superiorly towards anterior abdominal wall up to the pubic space & at left inguinal region and inferiorly to popliteal region.

Patient was twice operated under spinal anaesthesia to drained out abscess cavity, bilaterally perianal regon incision and left inguinal region exploration done to drain the prepubic abscess cavity.

Suspecting fistula withanterior abdominal wall prepubic space communication, advised for MRI study. This revealed fistulous tract arising in the left perianal region at 3'O clock position extending superiorly to the left inguinal explored wound site distance about 18–21 cm.(Fig. 1)

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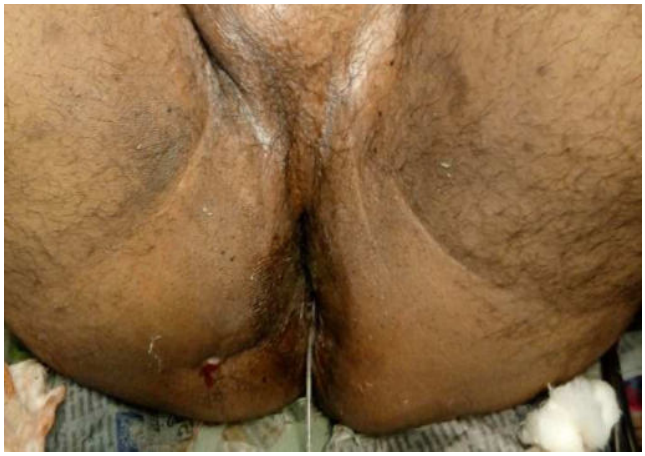

Fig. 1: Extension of 3 'o' clock wound toward left inguinal region wound, infant tube being inserted in such a track.

Fig. 2: During treatment

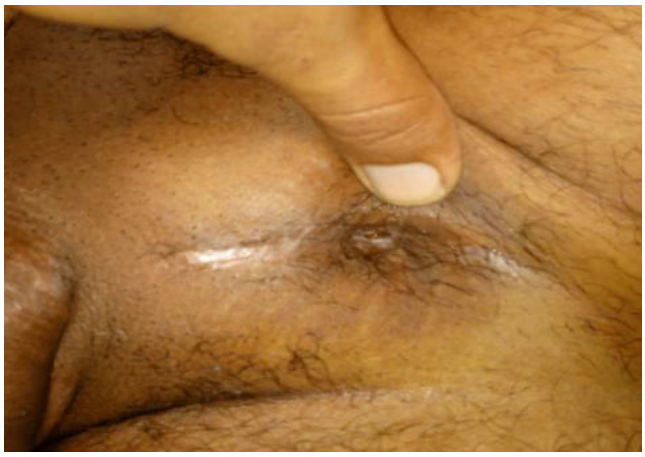

Fig. 3: Healed external opening at left inguinal of fistula in ano.

Infant feeding tube was being inserted through external opening at inguinal region up to anal opening, thoroughly wash given with H2O2 betadine liq and noarmal saline daily for 10 days, inserted feeding tube was removed (partial to completely) with giving betadine wash daily.

As initial part of treatment, from ksharasutra was put through left peri anal wound making an artificial opening at 3 'o' clock. Ksharasutra was changed every week (Fig. 3). Ksharasutra (medicated seton) prepared by using surgical linen thread no. 20, coated with 11 coatings of latex of Commifera mukul, next eight coatings of latex of C. mukul and alkaline powder prepared out of A. aspera plant. Then three coatings of powder of tubers of Curcuma longa. This is dried, sterilized by UV radiation and packed. Standard technique of method of preparation of ksharasutra, type of ksharasutra, method of threading; changing of thread was followed as per standard protocol Kshara sutra changing was continued through rectum tract. After 6 times of changing ksharasutra total tract was cut with spread of crepto granular infection was achieved and left perianal wound healed completely. After four years of follow up there was no recurrence.

Discussion

Presentation of anal fistula in clinical practice varies and sometime it is difficult to diagnose. Some unusual anal fistulae were reported earlier, eg: fistula in ano communicating to prepubic region. Here in this case though the tract was noticed till level of left inginal region on MRI study, there was indication of collection even till episodes of abcess. Such scars at perianal were noticed. This may be an extremely rare case ever reported.

As per the standard treatment of anal fistula, complete tract should be laid open or excised. As per reference of Sushruta Samhita ancient Indian surgical text, ksharasutra treatment was mentioned.[4]

It is an ideal management for the patients of old age or having respiratory or cardiovascular diseases and or otherwise unfit for surgery. No systemic side effects are encountered with Kshara Sutra therapy,

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although transient infection, local burning sensation, mild pain, itching and slight indurations are observed, which rarely need medication. Post-operative tissue damage and scarring are minimal. The Kshara Sutra therapy, a unique method of drug delivery, most appropriate for healing the fistulous track offers an effective, ambulatory and safe alternative treatment in patients with fistula in ano.

In Ksharasutra therapy impaired anal continence is nil[7],[10] and is high in conventional surgery.[5],[8],[9] The rate of recurrence of disease in ksharasutra therapy is 3.33%,[2] in conventional surgery it is 26.5% and much higher in high level fistula.[5],[6],[8]

CONCLUSION

Post I&D fistula in ano which has long communication till left inguinal and prepubic space region was a rare presentation of anal fistula. This leads to lot difficulty in surgical treatment as well as diagnosis of post operative fistula in ano patient may take long time to get right treatment for anal fistula. This rare case was managed with ksharasutra therapy and a very aggressive treatment for extended fistulous tract, work throughout the course of treatment, under adequate anesthesia, in proper operation theater set up, without incontinence and recurrence when followed up for four years.

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