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Management of Horse Shoe Fistula-In-Ano by IFTAK technique : A Case Study

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ABSTRACT

Bhagandara is a notorious disorder because of its high recurrence rate and it is difficult to treat. In modern parlance it is corelated with Fistula in Ano. It is caused by cryptoglandular infection of Anal crypts. This case study was presented on a female patient aged 26 years. She was suffering from Fistula In Ano since 2 years and was operated for 3 times. An Innovative technique 'IFTAK' was adopted in her case for *Ksharasutra* application. Regular antiseptic dressing was done with *Jatyadi* oil daily. Patient completely cured within 1 month 21 days of procedure. *Ksharasutra* application by IFTAK technique is very effective in case of Horse Shoe shaped Fistula-in-Ano causing minimal scar formation,cost effective, and less time taking.

Key words: *Bhagandara, Fistula in Ano, IFTAK technique, Ksharasutra, Horse Shoe shaped Fistula-in-Ano.*

INTRODUCTION

In Ayurveda, *Sushruta* has mentioned *Bhagandara* (Fistula-In-Ano) in *Ashtamahagada*.[1] *Ksharasutra*, is a time tested para-surgical tool for treatment of Fistula in ano in Ayurveda.[2-3] In modern surgery so many techniques are available for the treatment of Fistula-In-Ano like Fistulotomy, Fistulectomy, Fibrin glue, Anal fistula plug, Advancement flaps, LIFT and VAAFT.[4] Inspite of all the advancement in surgery Fistula-In-Ano is difficult to treat due to its recurrence, more sphincter injury and incontinence, deformity after surgery, physiological upset and depression.[5]

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IFTAK or Window technique is the choice in treating horse shoe fistula.[6] The interception of fistulous tract with application of *Ksharasutra* technique favour proper healing and recurrence rate is very low(3-7%).[7] It is based on cryptoglandular origin of fistula in ano. In crypto glandular infection there is a common internal opening of external openings on either side of anal orifice mostly. The most important step in this technique used is identification of infected anal crypts, then interception of fistulous tract at the level of external sphincter and application of *Ksharasutra* from site of interception into proximal tract to eradicate the infected anal crypt and it does the healing of another arm too. There is no need to core out whole tract. It is observed that the eradication of anal crypts do the separation of distal tract from primary source of infection and it gradually heals up.[8]

In this case report we are demonstrating the utility of IFTAK technique in case of horse shoe fistula in ano.

CASE HISTORY

A 26years old female patient visited in our OPD of *Shalya Tantra* for the treatment of Fistula-In-Ano. She had history of Anal fistula since 2 years and undergone for surgery 3 times. Now she presented

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with complaints of painful swelling at perianal region and pus discharge from the swelling site for 1 and half year. On inspection one external fistulous opening seen at 4 o'clock position 5 cm away from anus and one healed fistulous opening at 10 o'clock position 3cm away from anus. P/R examination done to note internal opening.Induration felt at 6 o'clock position.

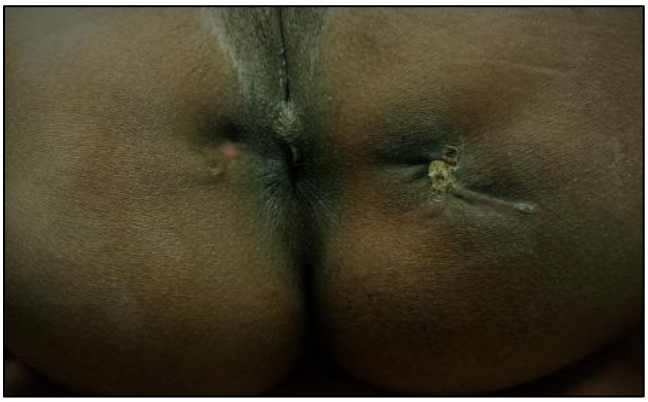

Fig. 1: Pre Operative

Fig. 2: Post Operative

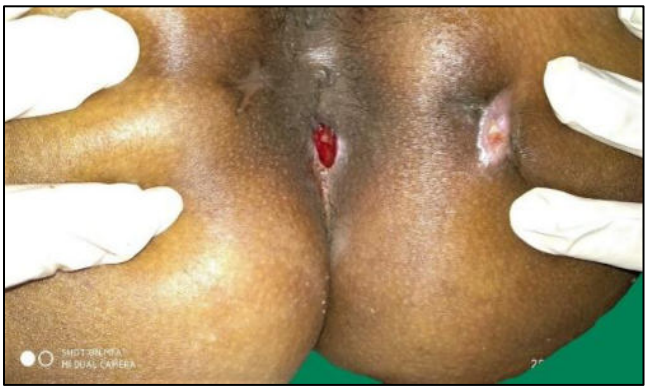

Fig. 3: Cut through of Fistulous Tract

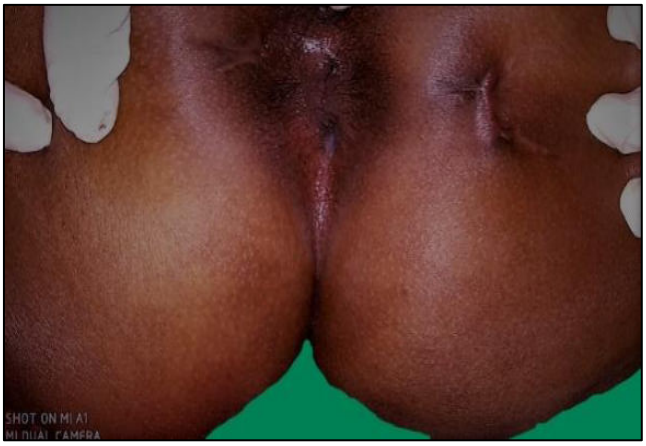

Fig. 4: Completely healed Fistula-In-Ano)

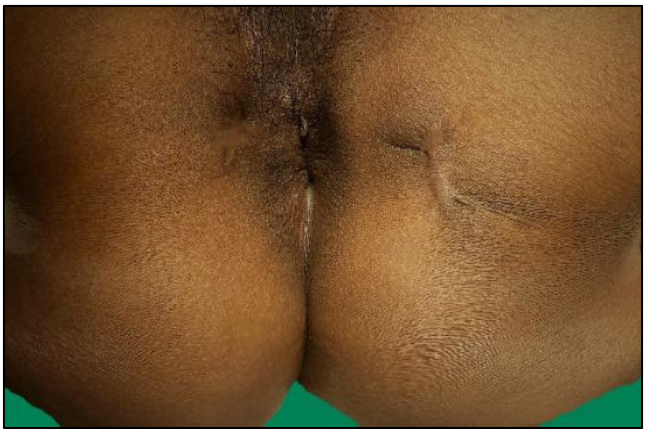

Fig. 5: After 1 month follow up

To confirm the diagnosis MRI Fistulogram was done. It showed A curved T2/STIR hyperintense fistulous tract noted extending from external opening in left perianal region at 4 o'clock position to the anal verge having 5.5cm long extrasphincteric course in perianal fat plane, inserting in the external sphincter from left lateral side and then posteriorly in the intersphincteric plane and communicating with opposite side to form horse shoe lesion.

The peripheral subcutaneous part of the fistulous tract on left side is prominent (5 mm diameter)and shows minimal intra luminal collection. The deeper part of the fistulous tract on left side is of narrow calibre appears partially fibrosed. Ill defined partially fibrosed fistulous tract with internal thin layer strip of T2/STIR hyperintensity also noted on right side with closed external opening located at 7 o'clock position.

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Routiene blood and urine examination were done and report was normal. There was no H/O any other systemic illness. Patient was diagnosed as a case of horse shoe fistula and planned for KST by IFTAK Technique.

Operative Notes

Patient was kept in lithotomy position and then local anaesthesia was given. Probing was done from external opening at 4 o'clock position and it is found that it has a connection at 6 o'clock position in intersphincteric plane.Now the probing was done from 10 o'clock position and it had same connection at 6 o'clock position in intersphincteric space. Then a window was made at 6 o'clock position at the level of external sphincter. And to confirm the tracts betadine mixed with hydrogen per oxide solution was pushed from the both external openings and it came through the window made at 6 o'clock position. Now the application of *Ksharasutra* from the window to 6 o'clock done. Both the external opening were scrapped and left over.

Post Operative Care

Patient was advised to take sitz bath with *Panchawalkal Kwath* from the next day of operation.

Treatment given

- *Triphala Guggulu* 500mg TDS after having meal
- Tab. Septillin 2 TDS after meal
- *Jatyadi* oil for local application and for regular dressing and packing under aseptic precaution.

Patient was advised to take high fibres diet and avoid spicy and oily food.

Change of *Ksharasutra*

After 6 days pus discharge from the external fistulous opening started becoming less and they got healed. Subsequently *Ksharasutra* was changed weekly for 4 weeks. After 1 month when the external openings got completely fibrosed cut through of Fistulous tract was done.

Duration

After 1 month and 21 days of operation complete cutting and healing of Fistulous tract was achieved.

Discussion

There are so many modalities are available for the treatment of Fistula-In-Ano. Now a days *Ksharasutra* is becoming more potential to treat different type of Fistula-In-Ano.The mechanical and chemical action of thread coated with medication do the cutting, curetting, draining and cleaning of fistulous tract.But it is time taking process and patient had to visit repeatedly in hospital for *Ksharasutra* changing. The IFTAK Technique is suitable for those having multiple tracts. It takes less time and causes minimal damage to anal sphincter and its recurrence rate is very low.There is no need to lay open the whole tract in this technique so scar formation is minimal and can be cosmetically supported technique.

Conclusion

This case report demonstrated that *Ksharasutra* application through IFTAK technique is more promising than the traditional *Ksharasutra* threading.

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