A CASE STUDY OF TREATMENT OF COMBINATION THERAPY i.e. FISTULECTOMY AND KSHARSUTRA IN COMPLICATED FISTULA IN ANO.

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INTRODUCTION

Fistula in ano is an inflammatory track which has an external opening in the perianal skin and internal opening in the anal canal or rectum. This tract is lined by unhealthy granulation and fibrous tissue. Fistula in ano is most commonly affecting people, Hippocrates (460 B.C) describe the use of seton to cure fistula in ano. The first surgical lay open of fistula in ano as practiced nowadays was performed by John of Arderne in 1337. The surgical option for low anal fistula are fistulectomy and fistuloctomy. A fistulectomy involves complete excision of the fistulous tract, thereby eliminating the risk of missing secondary tract and complete tissue for histopathology. A fistuloctomy lays open the fistulous tract, leaving smaller unepitheliazed which improved wound healing. Fistula arising from glands of anal crypts is the most common form of perianal sepsis. Any fistula cannot be treated by simple fistuloctomy and not by antibiotics. Parks and other have given classification based on the fibrous tract with the special reference of anorectal ring. This classification are four type-1)intersphincteric 2)trans-sphincteric 3)supra-sphincteric 4)extraspshincteric based on the anatomy of the fistula tract in relation to sphincter. Many procedure tried by surgeon in complicated anal fistula but the fact remains that an “ideal” procedure remains imperceivable. The great Indian surgeon Sushruta used Kshar in fistula in ano, later that Acharya Chakrapani has explained use of Ksharsutra in fistula in ano. The Ksharsutra is used in fibrous tract caused simultaneous cutting and healing of the wound and allow better wound drainage.

AIM AND OBJECTIVE

To study the cutting and healing of fistula tract by use of Ksharsutra.

PLACE OF WORK

At Shree Chidrawar Superspeciality Hospital Nanded.

CASE REPORT

A male of 45 yr old admitted in hospital for complaint of discharge from perineal region from 3yr, pain at perineal region.

PRESENT AND ILLNESS

The above complaint developed from 3 yr. H/O I&D at perineal region 4yr back ,after that above complaints develop.

ON EXAMINATION

General conditions and vitals normal, with Pulse-86/min BP-134/80.mmhg N/H/O HT, DM, PTB, any other disease.

CLINICAL EXAMINATION

An external fistula opening at 12 o clock 8 cm away from anus, tract felt, on per rectal examination, internal opening at 12 o clock. On RGU with fistulogram study – s/o urethral fistula.
OPERATIVE PROCEDURE
Under aseptic condition with spinal anesthesia cystoscopy reveal that no connection with urethra. Methylene blue pass from external fistula opening not coming through anus, circular incision taken around ext opening, tract dissected up to urethra, it’s just adherent but not connected with urethra, fibrous tract excised out, then guide wire pass from opening comes through anus, this tract is now tied with Ksharsutra. Secondary suturing taken at upper side.

MANAGEMENT AND OBSERVATION
Antibiotics and anti-inflammatory, with laxative given. Ksharsutra is change every 7th day and advice daily dressing with sits bath with luckwarm water with antiseptic solution.
DISCUSSION
A fistulectomy lays open the fistulous tract, leaving smaller unepithelized Wound healing. Ksharsutra is a medicated thread which is prepared by applying coating and recoating 21 times with tankan Ksharsutra, haridra, snhuhi ksheer. After that thread is sterilized by UV radiation. The action of Ksharsutra is cutting, curreting, draining and cleaning of fistula tract. Ksharsutra is hence also work as healing by fresh and healthy granulation tissue.

CONCLUSION
As in the case of complicated fistula in ano if we used only fistulectomy, then post-operative wide open wound, post operative pain, ugly scar, incontinence, is possible so by using Ksharsutra we overcome the complication and getting result. So in complicated fistula we used this combination therapy is beneficial.

REFERENCE