Case Report

Management of High Anal Fistula by *Kshara Sutra* ligation along with Partial Fistulotomy - A Case Report

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Abstract

Fistula-in-ano is the chronic phase of anorectal infection and is characterized by chronic purulent drainage or intermittent pain associated with cyclical accumulation of an abscess with discomfort at the perineal area. Fistula in ano is classified as low anal and high anal, where management of low anal fistula is easier compared to high anal fistula. Conventional surgical treatments, like fistulotomy, fistulectomy and Seton thread technique sever the anal sphincters and may cause incontinence. The recurrent rate of "lay-open" fistulotomy was reported between 2-9 % with functional impairment ranging from 0 to 17%. This has a profound effect on the patient's quality of life. Here is the case report where complex posterior high anal fistula managed with *Kshara Sutra* (Medicated thread) and partial fistulotomy.

Key-words: *Bhagandara, Kshārasūtra,* Anal Fistula.

Introduction

Fistula in ano is one of the common conditions seen in the perineal area. These fistulas are difficult to treat by their nature of tract formation, recurrence, sepsis, etc. Fistulas are classified as high anal & low anal according to the length of tract. A high anal fistula describes a track that passes through or above a large amount of Sphincter muscles. A range of treatment options are available, but none is universally successful or without risk [1]. Where surgical techniques like Laying open (Fistulotomy), excision of tract (Fistulectomy) & Seton threading technique of such fistulas would damage considerable amounts of sphincter muscle and result in impaired bowel control. These high anal fistulas are therefore also considered complex. The exact cause or mechanism of infection has not been fully elucidated, Infection of anal glands progresses to acute anorectal abscesses and fistulas; the "cryptoglandular hypothesis." It is not clear why certain cases of perianal sepsis are limited to abscess formation whereas others are associated with fistula formation. A recent review of perianal abscess and fistula quotes a fistula formation rate of 26-37% after perianal abscess [2].

Fistula in ano is well described in Suśrutasamhitā under the name of bhagandara [3] (anal fistula). It is enlisted among *Astamāhāgad*[4] [4] (Eight intricate diseases) which by nature are difficult to cure considering its morbidity, recurrence and social burden. The condition is termed bhagandara as it does *Dāra□ā* (tears) of *Bhaga* (perineum), *Guda* (rectum) and *Bastipradeśa* (pelvis) [5]. As these high anal fistulas are complex in nature hence they need multicentric approach. Acharya Sushruta mentioned different treatment options like *Chedana, Bhedan* [6] etc (excision, incision) in treating the various types of *Bhagandara* effectively, which are to be used judiciously. Amongst them practice of *Ksahrasutra*

[7] is well established in the management of *Bhagandara.* In present study the combination of treatment modalities has been carried out to treat the case successfully.

Case History

A 34 year old male patient non diabetic, non hypertensive presented with complaints of intermittent pus discharge while defecation and pain at anal region after defecation, associated with discomfort while sitting since one month. The exact history started one year back during which the patient experienced same complaints for which patient had undergone surgery in a private hospital, but didn't get relieved from the complaints. With above said complaints patient approached our institute for further treatment. There was no associated history of fever, bleeding per rectum or constipation. Patient did not give any history of major illnesses or major surgery done in the past apart from present illness and was on higher antibiotics and anti-inflammatory drugs. Personal history of patient revealed that he was Hindu, vegetarian with good appetite, elderly married and business man by occupation with no habits of tobacco & alcohol use.

On examination, the patient's vital parameters were stable. On local examination, there was visible external opening at 7 'o clock, 2.5 cms away from the anal verge position on the posterior side of anal verge; along with scar marks of previous surgery at 9 'o clock position. There was hard

Fig 1. Shows 1st visit of patient to our OPD

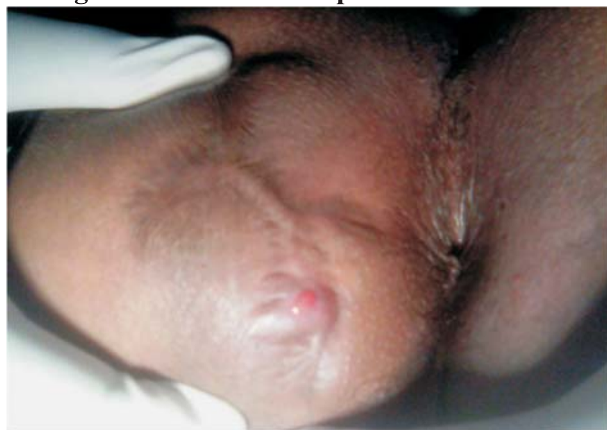


Fig 2. Shows fistulogram

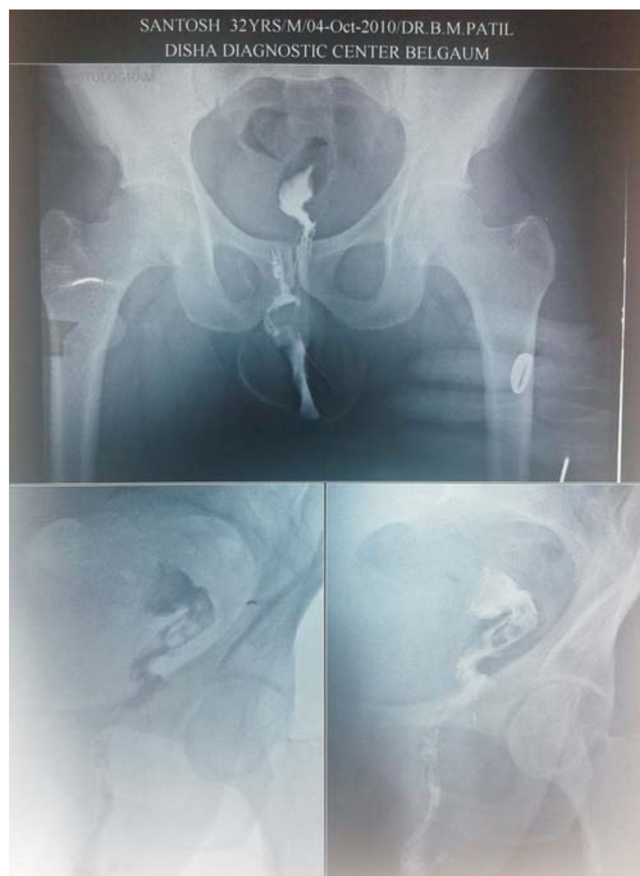
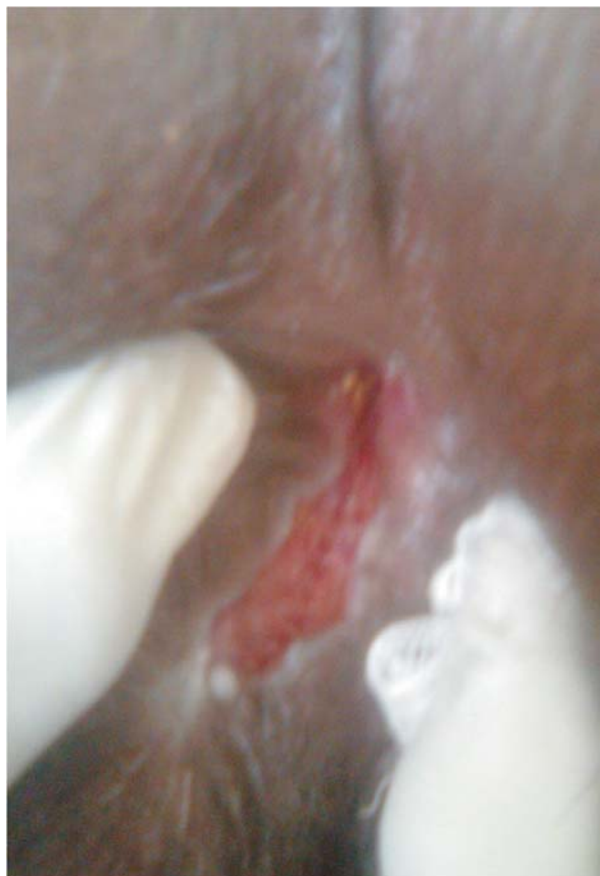


Fig 3. Shows healing of the tract after thread removed



indurated swelling with tenderness over the external opening possibly due to chronic infection. On Probing it was found that the tract was going straight in the sphincteric plane. Internal opening was palpable as irregular surfaced tender point in the anal canal at a distance of approximately 6-8cms from the anal verge, then case was clinically diagnosed as high anal complex fistula which was confirmed later on by the fistulogram.

Discussion

Anal fistulas will not heal without intervention, and failure to treat may lead to progression of the disease process. If left untreated, anal fistulas are at risk of recurrent formation of a perianal abscess interspersed with partial healing of the fistula track. This can become a chronic septic focus with the establishment of a complex fistula network. The consequences for the patient may include pain, bleeding, incontinence, cellulitis, and systemic sepsis.

In High anal fistula there is higher risk of post op complication like incontinence of stool and recurrence. Conventional surgical techniques namely complete fistulotomy and fistulectomy are not possible due to definite complication of incontinence. Seton technique, sever the internal anal sphincters and may damage the external anal sphincters. The recurrent rate of "lay-open" fistulotomy was reported between 2-9% with functional impairment ranging from 0 to 17% [1,2].

Acharya Sushruta mentioned a mechanism of drug delivery precisely at the tissues involved through unique way i.e., *Kshara-sutra* in the *Chikitsa* of *Bhagandar* (Fistula In Ano) which is a medicated thread prepared by the coatings of *Apamarga Kshara*, *Haridra Churna* with *Snuhi Ksheer* as binding agent.

Here *Kshara* acts as powerful *Chedan* (Excision), *Bhedan* (incision) & *Lekhan* [8] (debriding) agent & selectively acts on the unhealthy tissues, pus pockets etc. *Haridra* acts as *Krimigna* (antimicrobial) & also enhance the *Ropan* (healing) of tract. *Snuhi Ksheer* binds the medicines to the thread & thread keeps the tract patent. This process of debridement & healing starts from deeper tissues & travels towards periphery in stages.

As the exernal opening has greater tendency to get narrowed or closes due to unhealthy granulation tissue growth due to which drainage of the debrided tissue & sepsis is not done effectively which causes hindrance in the healing of the tract and delays patient's recovery period hence This degraded tissues & sepsis drainage is facilitated by making the external opening widening by partial fistulotomy.

Conclusion

By adopting this partial fistulotomy procedure along with the *Kshara Sutra* thearpy in such high anal complex fistulas would enhance the successful cure rate and reduce the suffering the patient & also reduce the cost of the treatment. One can get 100%success rate without any complications.

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[6] Ibid [5] Ch 8 Verse 5-11 & 20-22, P 45-46.

[7] Ibid [5] Ch 15 Verse 30-32, P -81.

[8] Ibid [4] Ch 11 Verse 3, P -34.