

OUTCOME OF FISTULA IN ANO AFTER INCISION DRAINAGE OF ACUTE PERI ANAL ABSCESS

Fazal Wadud¹, Zarka Asif², Asif Imran³, Saad Ali⁴, Ammad Ali⁵, Muhammad Ayub⁶

ABSTRACT:

OBJECTIVES:

To determine outcome of fistula in ano after incision drainage of acute peri anal abscess.

METHODOLOGY:

This descriptive case series study was conducted after approval of the Ethical committee. A total of 154 patients were observed for a six-month duration. Pre-design proforma was used to collect data. An inclusive criterion was age between 18-50 years of both genders with acute perianal abscess with low-level fistula (submucosal and mucocutaneous) and high-level fistula (ischioanal and perirectal). Exclusive criterion was observed in all admitted patients who include secondary abscess formation for example diabetes mellitus, tuberculosis, and carcinoma with any previous history of fistula in ano. The result was analyzed through the SPSS-24 version.

RESULTS:

Ratio 35 (22.72%) was obtained for age group 18-30, 49 (31.81%) for age group 31-40 and 70 (45.44%) were in age group 41-50. The mean age was 38.25 years with SD ± 9.70 . The ratio of Males 143 (92.85%) leads high to females 11 (7.15%). The fistula was found in 64 (41.55%) patients postoperative after incision drainage for perianal abscess. Among 64 patients, 54 (37.01%) were male and 7 (4.54%) females. 90 (58.44%) patients had no fistula postoperatively. Low-level 45 (29.22%) and 19 (12.33%) high-level fistula was found in patients. Among the low-level ratio, 40 were male and 5 were female. Similarly, in high-level fistula 17 were male and 2 were female.

CONCLUSION:

Fistula is more common in males than females. Low lying fistula leads the chart more than a high lying fistula. The incidence of anal fistula in our observed patient's abscess was 41.55%.

KEYWORDS: Incidence, Perianal Abscess, Perianal Fistula

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Correspondence:

¹Fazal Wadud, Medical Officer DHQ Hospital Upper Dir

☎: +92-316-5799172

✉: drwadud047@gmail.com

²Bacha Khan Medical College Mardan

³Assistant Professor Sur A Ward, Mardan Medical Complex MTI, Mardan

⁴Medical Officer –ICU, Mardan Medical Complex MTI, Mardan

⁵District Medical Officer, DHQ Hospital, Mardan

⁶Junior Registrar Sur A Ward Lady Reading Hospital, Peshawar

INTRODUCTION:

Among the most common Encounter diseases in

ano rectal region is a fistula, in adults, males are more prone than females¹. The relationship between fistula and abscess are common in etiology, pathophysiology, therapy, complication and anatomy². The study reported that incidence is about 2 cases per 10,000 populations per year in the age group 30-50 year³. Other studies reported that fistula is either associated with perianal abscess from outset or later sign in 26-37% of time⁴⁻⁶. In identified superficial fistulas in ano, primary fistulotomy should be attempted⁷. The study reported that many primary fistulotomies were done during drainage of abscess with no adverse effect⁸. The perianal abscess can cause

systemic infection if left untreated; patients with recurrent or complex abscesses should be evaluated for chronic disease^{9,10}. The aim of this study was to determine outcome of fistula in ano after incision drainage of acute peri anal abscess, which will help surgeons to take a precise decision for management to reduce morbidity in our population.

METHODOLOGY:

This descriptive case series study was conducted after the approval of the Ethical committee at surgical "A" ward, Ayub Medical and Teaching Hospital Abbottabad. A total of 154 patients were enrolled in the study. Pre-design proforma was used to collect data. The duration of the study was from 19 November 2019 to 18 May 2020. Inclusion criteria include age group 18-50 years, both gender, acute perianal abscess with low and high-level fistula. Exclusive criteria include the previous history of fistula in ano and secondary abscess formation e.g., diabetes Mellitus, tuberculosis, Crohn disease and carcinoma. Sequels of concurrent disease or trauma where Fournier gangrene and horseshoe abscess were excluded. Data were analyzed through the SPSS-24 version.

RESULTS:

Table 1: Age and Gender Distribution

		Frequency	Percentage
Age	18-30 Years	35	22.72%
	31-40 Years	49	31.81%
	41-50 Years	70	45.45%
Gender	Male	143	92.85%
	Female	11	7.15%

The mean age was 38.25, SD \pm 9.70 years.

Table 2: Fistula Formation

Fistula Formation	Frequency	Percentage
Yes	64	41.55%
No	90	58.44%
Total	154	100%

Table 3: Body Surface Area Involved

Body Surface Area Involved	Frequency	Percentage
Low-Level Fistula	45	29.22%
High-Level Fistula	19	12.33%
No Fistula	90	58.44%
Total	154	100%

DISCUSSION:

A study reported a result that is similar to our result¹¹. Treating fistula may reduce the late sequel but this could affect the function of the anal sphincter in some patients who may not have developed fistula in ano¹². The result showed fistula in 64 (41.55%) patients out of 154. The abscess as shown is more common in male patients 143 (92.85%) whereas females were 11 (7.14%) in number. 57 male patients were having fistula after drainage for perianal abscess and 7 were females. 45 patients were having low lying fistula whereas 19 patients have a high-level fistula. These results support the rule of secondary fistulotomy to avoid division of sphincter muscle who do not need it¹³. Patients aged less than 40 years and non-diabetic appeared to have a higher risk for fistula formation 43%¹⁴. Concluded that incidence of fistula-in-ano following incision and drainage of perianal abscess was 31%. Another study showed incidence following perianal abscess was 26% diagnosed within six months or follow-up¹⁵. Sample size, criteria, depth and size of abscess differentiate one study from another study. Our study concluded that the ratio of males is higher than females, which is similarly reported by another study also. Frequently incision and drainage followed by a thorough wash and suturing lower defect in such cases with modern techniques¹⁶. Our study does not show an association between an enteric organism and fistula in ano.

CONCLUSION:

We conclude from this study that the incidence was 41.55% in our population. Fistula in males is more common than in females. The percentage and frequency of low-lying fistula is more than high lying fistula. We suggest avoiding division of anal sphincter muscle; secondary fistulotomy is advised to be done better when an anal fistula will be formed.

CONFLICT OF INTEREST: None

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CONTRIBUTORS

1. **Fazal Wadud** - Concept & Design; Final Approval
2. **Zarka Asif** - Data Acquisition; Data Analysis/Interpretation
3. **Asif Imran** - Data Acquisition; Supervision
4. **Saad Ali** - Data Analysis/Interpretation; Drafting Manuscript
5. **Ammad Ali** - Concept & Design; Critical Revision; Final Approval
6. **Muhammad Ayub** - Data Analysis/Interpretation; Drafting Manuscript