



# MANAGEMENT OF TRANSPHINCTERIC FISTULA IN ANO BY IFTAK TECHNIQUE-A CASE REPORT

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## ABSTRACT

The conventional treatment for Fistula-in-Ano is arduous due to its high chance of recurrence & damage caused to anal sphincter during the surgery. Fistula-in-Ano is one of the challenging diseases due to the lack of ideal treatment modalities & its high rate of recurrence. Over past few decades, various techniques have been evaluated in terms of preventing its recurrence & complications. The sign & symptoms of Fistula-in-Ano resembles with Bhagandara described in Ayurveda classics. Many treatment modalities are listed in Ayurveda classics for the management of this painful disease, ksharsutra Therapy is one among them that has been proved to be highly efficacious. Though Ksharsutra Therapy is a popular treatment for Fistula-in-Ano, it does have few drawbacks. long duration of treatment, post procedural pain & long scar are some to mention. As a result, in the present era (IFTAK) is emerging as an innovative technique for the management of Fistula-in-Ano. In this case study, the IFTAK procedure is done in Fistula-in-Ano which shows great potential in reducing both the treatment duration & post procedural pain & minimum scar mark.

## INTRODUCTION

Fistula-in-Ano is an abnormal communication between two epithelial surfaces & the track is usually lined by unhealthy granulation tissues. The main cause known for Fistula-in-Ano is crypto glandular infections of anal crypts. From the anal abscess the incidence of fistula ranges from 26 to 38%. Though the disease is not life threatening but it produces severe inconvenience in routine life due to discomfort & pain.

In Ayurveda classics, according to similar clinical features the disease Bhagandara can be correlated with Fistula-in-Ano. Acharyasushruta counted bhagandara among the eight diseases which are difficult to cure. At first it presets as pidika around the guda & when it burst out, it is called Bhagandara. It is classified into 5 types as Vataja-satponak, Pittaja-ustragreeva, Kaphaja-parisravi, Sannipataja-shambuka & Agantuja-unmargi. Acharya Sushruta has described treatment by bhesaja, shastra, kshara & agnikarma. Modern surgical management of Fistula-in-Ano includes fistulotomy, fistulectomy, seton placing, ligation of Inter-Sphincteric Fistula Tract (LIFT), fibrin glues, expanded adipose derived stem cells (ASCs). Acharya Sushruta has described various oral medications, local applications. Surgical procedure & para surgical interventions. Presently ksharsutra therapy is found most approaching & attractive treatment modality for Fistula-in-Ano. Ksharsutra treatment is a standard surgical practice for the management of Fistula-in-Ano in terms of minimizing reoccurrence & anal incontinence. Although the

treatment is popular & effective, it is not devoid of adversities. Disadvantages of ksharsutra are post procedural pain, mucopurulent discharge, longer duration of treatment & scar. IFTAK (Interception of fistulous Tract with application of ksharsutra), is a technique based on the concept of intercepting the fistulous tract close to the anal verge & treating the proximal part of the tract is left untreated & heals eventually as this part of the tract is not in continuity with the infective focus. IFTAK approach was planned in this case. Result was encouraging with complete healing of the fistula, short treatment period, reduced discomfort in terms of pain & discharge & an acceptable scar.

## Presenting Complaints & Medical History

A 25-year old male normotensive, non-diabetic patient came to Shalya OPD of Gopabandhu Ayurved Mahavidyalaya, Puri, with complaints of intermittent pus discharge from perianal region along with mild pain, constipation & itching since 1 year. He had also discomfort in sitting position. Patient had no other major systemic illness. Patient consulted various doctors but didn't get satisfactory result.

## Clinical Findings

On Per Rectal Examination- Perianal skin was normal & external opening was present at left side of the gluteal region approximately 2cm away from anal verge. On digital rectal examination, sphincter tone was normal; rest of the digital rectal examination was within the normal limits. All the laboratory investigations were found within limits.



Hb-15.7gm/dl  
 RBC- 5.66million/cumm  
 Haematocrit /PCV- 46.3%  
 MCV- 82.0 fl  
 MCH- 27.7 pg  
 MCHC- 33.9%  
 TLC- 9,200/cumm  
 Platelet count- 3.20 lakh/cu.mm

Bleeding time- 2min30sec  
 Clotting time- 5min30sec  
 Serum creatinine- 0.8 mg/dl

### Treatment

After obtaining informed consent, patient was placed in lithotomy position. Under local Anaesthesia, probing was done to access the fistulous tract. A small vertical incision was made at perianal region at (6'O clock) post midline, 2cm from anal verge & interception of fistulous tract was done. Then betadine solution was pushed from external opening & it came out from the intercepted area to confirm the accuracy of IFTAK. Metallic probe was introduced through the window from 6'O clock & taken out from internal opening & ksharsutra was placed in the tract; antiseptic dressing & packing done with jatyadi taila. Patient was advised for regular hot sitz bath from the next day & dressing with jatyadi taila.

### DC-

Neutrophil- 41%  
 Lymphocyte- 54%  
 Monocyte- 00%  
 Eosinophil-05%  
 Basophil- 00%

HbsAg Test- Negative  
 HIV Test- Negative

### Follow up & Outcomes

15days follow up advised for ksharasutra changing. Ksharsutra was changed once after first Ksharsutra placed. The pus discharge was fluent in first week from the artificially made window, gradually reduced & completely disappeared after two week.pain was also moderate in first week & later on gradually relieved. The discharge from the external opening was also reduced gradually in 4-5 days & totally dried up in after 15 days. Cut through was done when discharge completely diminished from the artificial made window i.e. after 2 follow up of first ksharsutra placed & complete healing was achieved in 15 days after cut through. Patient was advised for application of Jatyadi taila. The fistulous tract was cut through & healed simultaneously by 30 days of cut through with minimal scar. There was no complication seen during & after treatment & patient got free from all the symptoms. After 4 months of follow up, no recurrence is noted, patient was cured completely.



Fig 1- Day 1



Fig 2- Day 15



Fig 3- Day 30



Fig 4- Day 45



Fig 5- After 4months



Fig 6- After 6 Months

## DISCUSSION

Ksharasutra therapy is the most successful treatment modality for fistula in Ano. Ksharasutra therapy has high success rate & least recurrence rate. It is very easy care & costeffective treatment with minimum rate of complications as compared to conventional treatment. These surgical treatments are associated with a significant risk of recurrence & high risk of impaired continence. Though the Ksharasutra therapy is a choice of treatment for fistula in Ano with number of benefits but it has few disadvantages such as discomfort, post procedural pain, number of hospital visits, longer duration of treatment & big post-operative scar which lead to low compliance & low acceptability by many patients. IFTAK technique seems to overcome the limitations & consequences of conventional methods.

In this case study the external opening was around 2cm away from the anal verge at 4'o clock position & interception was done at 6 'o clock position around 1cm away from anal verge, thereby reducing the length of the tract. Therefore, by IFTAK technique the time duration for complete healing was reduced & pai was also significantly reduced with minimum scar mark. Patient was completely cured & recurrence had not occurred upto 6 months of follow up. **Tablet Sothahar & Saptavinsati Guggulu** was used to counter inflammation, pain. **Tablet curcumin** was used to prevent infection. **Powder Belsaft** was used for laxative to rule out the constipation. Application of **Jatyadi Taila** significantly increases protein, hydroxyproline & hexosamine contents in the granulation tissue & helps in fast healing. **Fibre rich** diet was advised. So, IFTAK is advanced convenient technique in the field of fistula which has great innovation with lot of benefits.

## CONCLUSION

Hence the study concluded that, IFTAK is a safe, effective & advanced technique which minimizes the post operative time along with betterment in mild post procedural pain & minimum scar mark.

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