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Case Study

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TREATMENT ON BHAGANDARA W.S.R. TO FISTULA IN ANO WITH IFTAK TECHNIQUE – A SINGLE CASE STUDY

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ABSTRACT

Fistula in ano is an abnormal communication between the anal canal or rectum and the perianal skin, which causes a chronic inflammatory response. The most common cause is nearly always by a previous anorectal abscess. The chief complaint of anorectal fistula is constant drainage or discharge. There occurs infection of anal gland which is responsible for Fistula in ano. There are many type of treatments available like *Ksharsutra chikitsa*, IFTAK (Interception of fistulous track and application of ksharsutra), LIFT(Ligation of intersphincteric fistula tract), VAAFT (Video-assisted anal fistula treatment), laser treatment.

KEYWORDS: Fistula-in-ano, Anorectal abscess, *Ksharsutra*, IFTAK, LIFT, VAAFT, Laser.

INTRODUCTION

In Aayurveda, Bhagandara (Fistula-in-ano) is considered under eight major diseases (Ashta Mahaaroga). Aachaarya Sushruta has mentioned that all types of Bhagandara are difficult to treat. In Modern surgery also, it is known for its callus nature to cure and for its high recurrence rate. In many of the cases, recurrence is seen after being treated by modern surgical methods like fistulectomy or fistulotomy. Anal fistula is a chronic abnormal communication between the epithelialised surface of anal canal and usually the perianal skin. An anal fistula can be described as a narrow tunnel with its internal opening in the anal canal and its external opening in the skin near the anus. The most common cause is nearly always by a previous anorectal abscess. There is usually a history of recurrent abscess that ruptured spontaneously or was surgically drained. The occurrence of such abscess is mostly secondary to infection of anal gland. Tuberculosis, lymphogranuloma inguinale, inflammatory bowel disease like Crohn's or ulcerating colitis can also lead to development of anal fistula. A fistula may develop in chronic anal fissure. A colloid carcinoma of the rectum can manifest itself through an anal fissure. Occasionally ingested foreign bodies, such as fish or chicken bones may penetrate the rectum. Kshara Sootra is one of the methods of Kshara karma and is one of the chief modalities described for the treatment of Bhagandara in Aayurvedic texts. Now a day, Kshaara Sootra is the first choice for treating fistula in ano. Many of the surgeons are referring patients of fistula in ano to Aayurvedic hospitals for Kshaara Sootra therapy; keeping in mind that it has no alternate; especially in recurrent fistulae. Kshaara Sootra therapy requires a minimal setup, minimal equipments and instruments. It is a minimal invasive para surgical measure.

CASE REPORT

A 55 year old hindu female patient aged, came to the Govt. PG Ayurved college and hospital Varanasi who is belong to kapsethi, Varanasi. Patient came here with complain of pus discharge from perianal region since 15 days. According to patient, first time swelling feels between vagina and anal canal 25 days back, for this she go to a multispeciality hospital there the doctor diagnosed this condition as perianal abscess. They have done incision and drainage. She has relieved for some time but again pus discharge occurs. No any past history like diabetes mellitus, hypertension, asthma, tuberculosis etc. Repair of rectocele 20 years back with surgical history. She is vegetarian, clear bowel with good sleeping habbit. No drugs allergy and no relevant family history. All the blood investigation report are normal and viral markers are non reactive. After confirmation of fistulus track by MR fistulogram, one opening in vaginal canal and other opening at 5 cm away from anal verge at 2 O' clock position with extended cavity in left ischiorectal fossa.

Local examination

Inspection

- Pus discharge from 2 o'clock position.
- Swelling present at perianal region from 2 to 5 o' clock position.

- Mild redness on the swelling region

Palpation

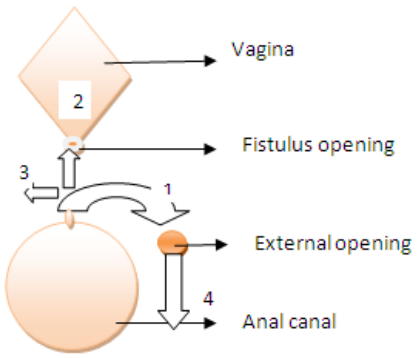
- On the palpation induration felts from 12 to 2 o'clock position which proceeds to the 5 o'clock position.
- We have seen pus discharge from external opening after squeeze.
- On the palpation tenderness present.

DRE (Digital Rectal Examination)

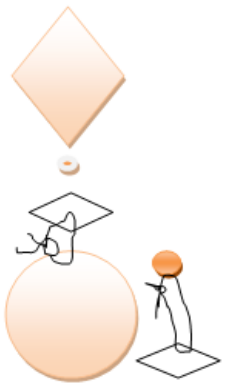
Internal opening identification

- On the push of betadene lotion with the help of dispovan then we saw lotion present on verge of posterior vagina.

Diagramatic Presntation



Pre operative diagram



Post operative diagram

- An induration felts near the dentate line at 12 o' clock position on the per rectal examination which cleared during push of betadene.

Probing

Insert of probe from external opening to the right side which is feel at 12 o' clock position and below at the 5 o'clock position.

1. Fistulous track felts from 12 o'clock position to 2 o'clock position.
2. A track which is open in vestibule of vagina.
3. This track becomes proceed towards left side from 12 o'clock position.
4. This fistulus track proceeds from 2 o' clock position to 5 o' clock position as an induration/abscess cavity.

GOAL

- Treatment with minimal scar.
- Surgery with minimal tissue injury.
- No disturbance of daily routine work.
- Minimal recurrence rate.

Plan of Operating Procedure

Removal of foreign body (prolene pieces) and treatment of fistula in ano with IFTAK technique.

Operative Procedure And Findings

Then we have planned of Ksharsutra chikitsa with window technique. I have found small pieces of prolene during window formation at 12 o'clock position. Under spinal anaesthesia Formation of anterior window between vagina and anus then remove pieces of prolene. Primary threading from window to anal canal at 12 O' clock position. Drainage of pus from 2'O clock opening and gave an incision posterior end of extended cavity near 5 o'clock position. After that threading done due to proper discharge purpose. Packing of cavity and window done with betadene solution.

Diagram

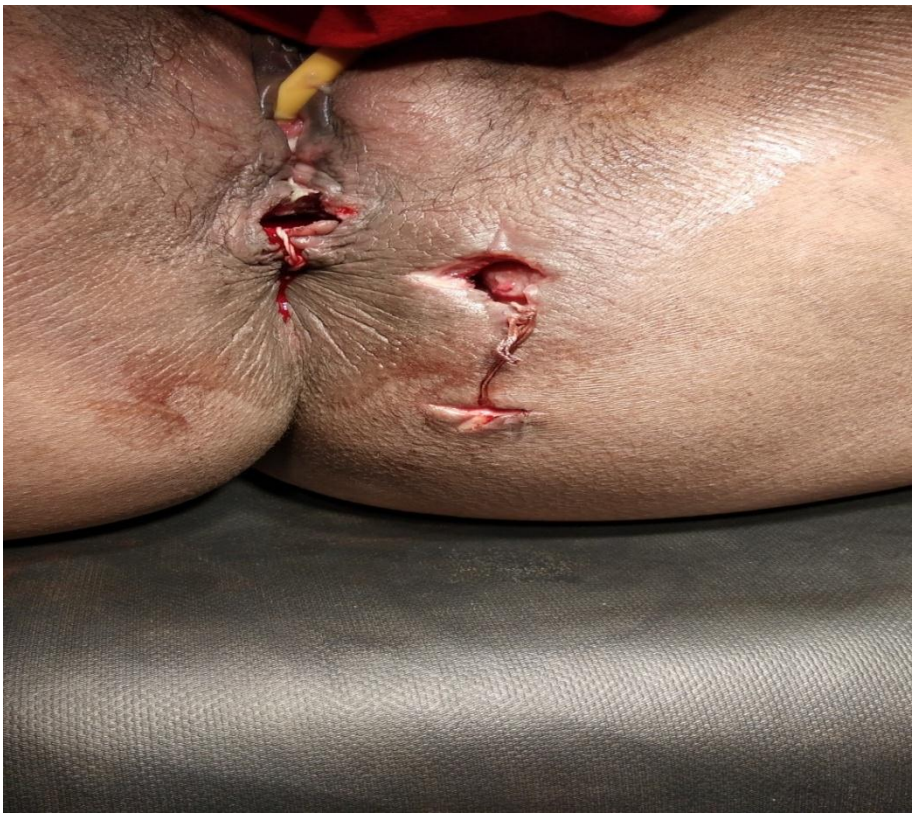


Figure 1: After operative procedure.

Observation

	1st day	3rd day	8th day	16th day	After 1 month	After 1 ½ month	After 2 month
Perianal discharge	++++	++++	+++	++	+	no	no
Pain	++++	++	+	+	No	No	No
Swelling	++	+	No	No	No	No	No
Bleeding	++++	++	+	No	No	No	No

I have observed to the patient for 2 months. Exchange of *ksharsutra* weekly . patient was doing daily routine work and she had come in hospital for exchange *ksharsutra.*

RESULT

Patient cured in 2 months and no any type of complains from her. I have got good results with IFTAK technique.

DISCUSSION

Fistula in ano is very common surgical problem. There are many treatments available at present namely fistulectomy, fistulotomy, LIFT, *Ksharsuta chikitsa. Ksharsutra* are extremely benign and don't have any side effect.

CONCLUSION

Fistulotomy has moderate intra operative and post operative complication with less chance of anal incontinence and stricture. Fistulectomy has moderate degree of intra operative and post operative complications with moderate chance for recurrence, stricture and incontinence. Ksharsutra treatment has no intra operative complication, less recurrence rate and incontinence rate. It is a multistage procedure . we need intence cooperation and long term follow up and treatment of the patient for success.

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