

ORIGINAL RESEARCH

A study on clinical profile of patients with anal fistulae attending tertiary care hospital

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ABSTRACT

The symptomatology is usually quite definite and typically as follows: The patient first complains of itching or uncomfortable feeling in the region of the anus, which gradually increases and later develops into severe throbbing pain. The area about the buttocks becomes quite painful. The patient may or may not experience chills, fever, or other general symptoms of infection. This was a prospective, single centred, and an interventional study was done in patients with fistula-in-ano admitted to general surgical wards Hospital. Patients satisfying inclusion and exclusion criteria are selected into the study after obtaining informed and written consent. Demographic data like age, sex, name, occupation are noted, clinical symptoms of presentation with duration, associated complaints, past medical and surgical history, personal and family history will be noted. The age of the patients ranges from 21 to 70 years. The mean age was 53.9 years. In the present study on postoperative day 1, 10 had VAS of 3-5, 8 had 6-8, only 3 had > 8 scores on VAS. On a postoperative day 5, 20 cases had a score <3.

Key words: Anal fistulae, age of the patients, clinical profile

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Introduction

An anal fistula is a condition that has been described virtually from the beginning of medical history. Hippocrates, in about 430 B.C., suggested that the disease was caused by "contusions and tubercles occasioned by rowing or riding on horseback." He was the first person to advocate the use of a seton (from the Latin seta, a bristle) in treatment. The early drainage and fistulotomy advised even before the matter formed completely. Medicated setons were used earlier by Sushruta.¹

The Anal crypt glands arranged circumferentially at the level of the dentate line, provide a path for infecting organisms. 90% of cases are thought to be crypto glandular or abscess-related in origin, the remaining being secondary to Crohn's disease, trauma, malignancy, diverticular disease or radiotherapy.²

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may not experience chills, fever, or other general symptoms of infection.³

All of these signs and symptoms are more or less relieved and disappear with the rupture of the skin and discharging of much serosanguineous fluid or the discharge through the rectum. As long as free drainage continues, the patient will be symptom-free except for local irritation and some slight discomfort.⁴

As soon as the drainage stops, the symptoms will, in most cases, begin to return, although some may go for months or years without recurrence of symptoms. During this period of quiescence, the patient may believe that his condition has spontaneously cured itself.⁵

Once established, pain is rarely mentioned except when the openings have healed and a fresh collection of pus formed. This new abscess either broke through the old opening or found some new, more or less remote point- of exit. In this way, multiple openings and offshoots formed.⁶

Methodology

This was a prospective, single centred, and an interventional study was done in patients with fistula-in-ano admitted to general surgical wards Hospital.

Source of patients: Those patients with fistula in intervals admitted to general surgical wards of Hospital are taken up for study.

Study sample: 30 cases with fistula-in-ano.

Inclusion criteria

All patients admitted to the surgical wards with the confirmed diagnosis of the fistula in ano and are willing for the surgical management of the same.

Exclusion criteria

Children below the age of 18 years, those with recurrent fistulae and fistulae secondary to chronic diseases, tuberculosis, malignancy, etc., those who are not eligible to give informed consent and subcutaneous fistulae, which can be excised safely without injury to sphincters.

The plan of study was submitted to the hospital ethics committee, and their approval has been obtained.

Method of data collection

Patients satisfying inclusion and exclusion criteria are selected into the study after obtaining informed and written consent.

Demographic data like age, sex, name, occupation are noted, clinical symptoms of presentation with duration, associated complaints, past medical and surgical history, personal and family history will be noted.

Examination findings on DRE, proctoscopy, and investigations like total counts, X-ray fistulography findings will be noted.

During the operation, a record was kept regarding the time required for the surgery. Postoperatively patients were asked to answer the questionnaire.

Post-operative pain was assessed using a visual analogue scale, which is represented by a straight line measuring 10cms, the extremes of which corresponds to no pain at one end and worst at the other end.

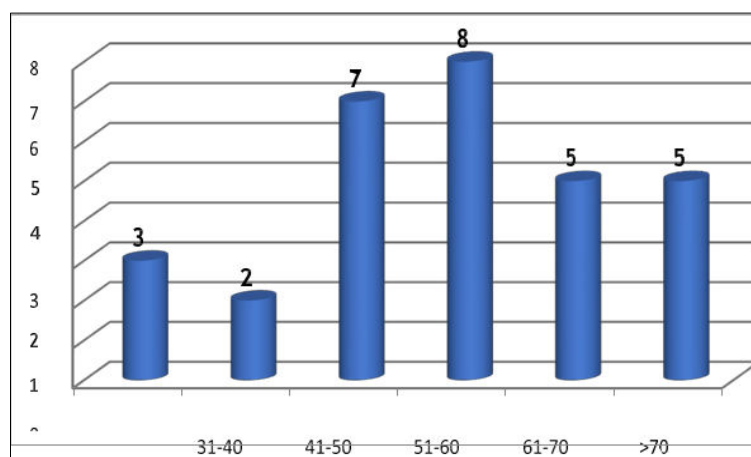
Patients were assessed on 1st and 5th post-operative day, in the morning. The number of days to return normal activity is observed. Follow up of patients was done at 1, 3, and 6 months and patients were asked to fill the questionnaire in each follow-up.

Results:

Table 1: Age distribution

Age in years	No of cases	Percentage
21- 30	3	10
31-40	2	6.7
41-50	7	23.3
51-60	8	26.6
61-70	5	16.7
>70	5	16.7
Total	30	100

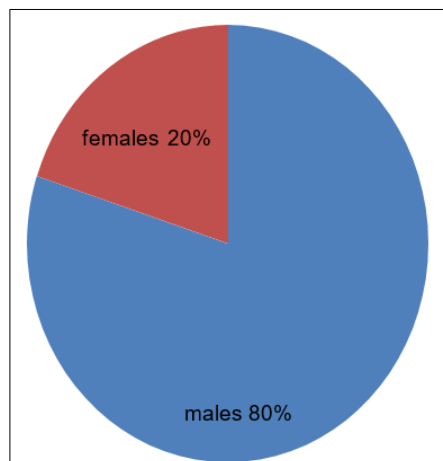
The age of the patients ranges from 21 to 70 years. The mean age was 53.9 years.



Graph 1: Age Distribution

Table 2: Sex incidence

Sex	No of cases	Percentage
Male	24	80
Female	6	20
Total	30	100

**Graph 2: Sex Incidence**

Out of the 30 patients, 24 (80%) were male, and 06 (20%) were female.

Table 3: Post operative pain assessment (n=30)

Visual Analogue Scale Score	No of patients on 1st POD	No of patients on 5TH POD
<3	9(30%)	20(66.7%)
3-5	10(33.3%)	6(20%)
6-8	8(26.7%)	3(10%)
>8	3(10%)	1(3.3%)
Total	30	30

Discussion

In this study, the age of the patients is from 21 to 70 years. The mean age was 53.9 years.

In the study by Michel Romaniszyn *et al.*,⁷ the mean age of the study group was 45.9 years. In the study by Dushyant Kumar Rohit *et al.*,⁸ the ages of the patients ranged from 21-56.

In the study by Caroline Sauter Dalbemet *al.*,⁹ age ranged from 17-62 with a mean age of 45 years. In the study by Yansong Xuand Welzhohong Tang,¹⁰ the age ranged from 17-62 years, with the mean age of 46 years. The above studies suggest that the peak age of incidence is 4th decade. Out of the 30 patients, 24 (80%) were male, and 6 (20%) were female. A study by Michel Romaniszyn *et al.*⁷ study group consisted of 13 males and one female.

In the study by Dushyant Kumar Rohit *et al.*⁸ consisted of 14 males (87.5%) and 02 females (12.5%).

In the study by Yansong Xuand Welzhohong Tang 1035 (63.67%) were males, and 20 (36.33%) were females. All the studies showed male predominance in this disease.

Postoperative pain was assessed using a visual analogue scale, which is represented by a straight line measuring 10cms, the extremes of which corresponds to no pain at one end and worst at the other end.

In the study by Yansong Xuand Welzhohong Tang, 10 two patients had persistent pain. Patients were assessed on 1st and 5th post operative day in the morning, and as per results, it was observed that post-op pain gradually decreased.

Conclusion

In the present study on postoperative day 1, 10 had VAS of 3-5, 8 had 6-8, only 3 had > 8 scores on VAS. On a postoperative day 5, 20 cases had a score <3.

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