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Original article

Patterns of Recurrence/Persistence of Cryptoglandular Anal Fistula After the LIFT Procedure. Long-Term Observational Study☆

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ABSTRACT

Objective: To study the recurrence/persistence rate of complex cryptoglandular anal fistula after the LIFT procedure and analyze the patterns of recurrence/persistence.

Methods: Observational study of patients with transe-sphincteric or supra-sphincteric anal fistula treated using the LIFT procedure from December 2008 to April 2016. Variables studied included clinical characteristics, surgical technique and results. Clinical cure was defined and imaging studies were used in doubtful cases. Wexner's score was used for continence evaluation. The minimum follow-up time was one year.

Results: A total of 55 patients were operated on: 53 with a trans-sphincteric fistula and 2 supra-sphincteric. There were 16 failures (29%): 7 complete fistulas (original), 6 intersphincteric (downstage), and 3 external residual tracts. A posterior location and complexity of the tract were risk factors for recurrence/persistence. The presence of a seton did not improve results. No case presented decrease of continence (Wexner 0). Nine patients presented minor complications (9%): 4 intersphincteric wounds with delayed closure and one external hemorrhoidal thrombosis. The median time to closure of the external opening was 5 weeks (IR 2–6). Intersphincteric wounds closed in 4–8 weeks.

Conclusion: In our experience, the LIFT technique is a safe and reproducible procedure with low morbidity, no repercussion on continence and a success rate over 70%. There are 3 types of recurrence: the intersphincteric fistula, the original fistulatula (trans- or supra-sphincteric) and the residual external tract. Considering the types of recurrence, only 12.7% of patients need more complex surgery to solve their pathology. The rest of the recurrences/persistence was solved by simple procedures (fistulotomy in intersphincteric forms and legrado in residual tracts).

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Patrones de recurrencia/persistencia en la operación de LIFT para la fístula anal de origen criptoglandular. Estudio observacional a largo plazo

Palabras clave:
Fístula anal
Recidiva
Operación de LIFT

RESUMEN

Objetivo: Valorar la recidiva/persistencia de la fístula anal compleja tras cirugía de tipo LIFT y analizar los patrones de recurrencia/persistencia.

Método: Estudio observacional de pacientes afectos de fístula anal transesfinteriana o supraesfinteriana tratada mediante la técnica LIFT durante el periodo diciembre de 2008-abril de 2016. Se analizan las características clínicas, la técnica quirúrgica y su resultado. Se define la curación clínica y se emplean pruebas de imagen en casos de duda. Se utiliza la escala Wexner para el estudio de la continencia. El tiempo mínimo de seguimiento ha sido de un año.

Resultados: Un total de 55 pacientes fueron intervenidos: 53 con fístula transesfinteriana y 2 supraesfinteriana. Se produjeron 16 fracasos (29%): 7 fístulas completas (originales), 6 interesfinterianas (*downstage*) y 3 trayecto residuales externos. La localización posterior y la complejidad del trayecto fueron factores de riesgo de recurrencia/persistencia. La presencia de un sedal previo no mejoró los resultados. Ningún caso presentó alteración de la continencia (Wexner 0). Del total, 9 pacientes presentaron complicaciones leves (9%): 4 heridas interesfinterianas con cierre tardío y una trombosis hemorroidal externa. La mediana del cierre del orificio externo fue de 5 semanas (RI: 2-6). Las heridas interesfinterianas curaron en 4-8 semanas.

Conclusión: La técnica de LIFT en nuestra experiencia ha resultado una operación segura, reproductible, con escasa morbilidad, nula repercusión en la continencia y un porcentaje de éxito superior al 70%. Se definen 3 tipos de recurrencia: la fístula interesfinteriana, la fístula original (trans- o supraesfinteriana) y el trayecto externo residual. Considerando los tipos de recurrencia, tan solo el 12,7% de los pacientes han necesitado cirugías más complejas para solucionar esta entidad. El resto de las recurrencias/persistencias se han solucionado con gestos simples (fistulotomía en la formas interesfinterianas y legrados en los trayectos residuales).

Introduction

The objectives of anal fistula treatment are to eradicate sepsis, close the fistulous tract, avoid recurrence and preserve continence. Many surgical interventions have been described, which can basically be classified as sphincter-preserving or non-sphincter preserving. Fistulotomy has the best results in fistula eradication, with success rates above 90%,[1] but it also entails an important percentage of continence disorders.[2] Fistulotomy with sphincteroplasty has provided excellent results in some groups, but its use has not spread in the surgical community.[3] Among the preservation techniques, advancement flap, plugs and sealants have been the most widely used. However, flaps can be very technically demanding, despite their good results. Furthermore, all plugs, sealants or glues have been showing decreasing success rates as more series are published.[4]

In 2007, Arun Rojanasakul, a Thai surgeon, published the first results of a sphincter-preserving technique using ligation of the intersphincteric fistula tract (LIFT).[5] Since then, this technique has spread among surgeons, with more than 6 variations, making it very complex to draw clear conclusions.[6] However, this approach is not so novel; in 1993, Matos et al. described an intersphincteric approach for the treatment of cryptoglandular fistula.[7]

Dissection of the fistulous tract in the LIFT procedure has resulted in new patterns of recurrence and persistence. This is unlike the remaining techniques, whose failure results in fistulae similar to the original or, in cases such as flaps, even more complex. Tan et al. have discussed this peculiarity.[8] The aim of this study was to describe the types of recurrence/persistence after cryptoglandular fistula surgery using the LIFT technique and its evolution over time.

Methods

This is an observational, retrospective study of patients treated with complex anal fistulae (transsphincteric and suprasphincteric) of cryptoglandular origin from December 2008 to May 2016 at a university hospital using the LIFT technique and registered in a prospective database. The study was approved by the hospital Ethics Committee, and informed consent was obtained in all patients. The fistulae were classified according to the Parks system.[9] Transsphincteric fistulae were defined as low or high, depending on whether the tract was palpated or not. In addition, imaging studies (endoanal ultrasound or MRI) were occasionally done after clinical examination. Mechanical preparation was carried out with phosphate enemas and antibiotic prophylaxis with