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## Original Article

# A prospective study on tubercular fistula in ano and its management

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### ABSTRACT

**Objective:** Tuberculosis fistula in ano, though less encountered, is an important clinical entity in developing countries like India. Diagnosis of TB fistula is a challenge despite of advances in diagnostic modalities and it depends upon both local and systemic clinical presentation. This prospective study aimed at to substantiate the importance of clinical diagnosis as well as medical management of tubercular fistula by antitubercular drugs.

**Methods and results:** 25 patients of fistula in ano suspected to be of tubercular origin underwent histopathology of fistulous tracks and an 8 week therapeutic trial of antitubercular treatment after getting an informed consent. Though biopsy showed positive evidence of tubercular pathology only in 52% cases, therapeutic trial showed improvement in local and systemic features in 23 (92%) cases. Of these 23 cases, 3 were cured after 18 months of anti tubercular treatment and 18 showed cure after 24 months of anti tubercular treatment while 2 cases withdrew from the study at 12 and 14 months respectively due to adverse drug reactions though their fistulous symptoms were relieved.

**Conclusion:** Meticulous clinical evaluation plays a vital role in diagnosis of tubercular fistula in addition to other diagnostic methods. Anti tubercular treatment is the mainstay of treatment in tubercular fistula with a minimum duration of 18–24 months owing to the recurrent and relapsing nature of disease.

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### Estudo prospectivo sobre a fístula anal tuberculosa e seu tratamento

#### RESUMO

**Objetivo:** A fístula anal da tuberculose (TB), embora menos observada, constitui entidade clínica importante em países em desenvolvimento, como a Índia. O diagnóstico de fístula TB é tarefa desafiadora, apesar dos avanços nas modalidades diagnósticas; seu estabelecimento depende tanto da apresentação clínica local, como da apresentação sistêmica. Esse estudo

#### Palavras-chave:

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prospectivo teve por objetivo consubstanciar a importância do diagnóstico clínico e também do tratamento clínico da fistula TB com medicamentos contra tuberculose.

**Métodos e resultados:** Foi realizado estudo histopatológico de tratos fistulosos em 25 pacientes com fistula anal com suspeita de origem tuberculosa; depois de obtido o consentimento livre e informado, esses pacientes foram submetidos a tratamento anti-tuberculose (TAT) durante 8 semanas. Embora a biópsia tenha revelado evidência positiva de patologia tuberculosa em apenas 52% dos casos, o curso terapêutico resultou em melhora nos aspectos local e sistêmico em 23 (92%) pacientes. Desses 23 casos, 3 e 18 casos estavam curados após 18 e 24 meses de TAT, respectivamente, enquanto que 2 pacientes desistiram do estudo após 12 e 14 meses, respectivamente, em decorrência de reações farmacológicas adversas, mesmo diante do alívio de seus sintomas fistulosos.

**Conclusão:** Juntamente com outros métodos diagnósticos, uma avaliação clínica metódica desempenha papel vital no diagnóstico da fistula TB. TAT é o principal procedimento terapêutico em pacientes com fistula TB, com duração mínima de 18-24 meses devido à natureza recorrente e recidivante da doença.

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## Introduction

Tuberculosis (TB) is one of the leading causes of death worldwide particularly in developing countries, ranking alongside HIV/AIDS. According to WHO Annual Report 2016, 9.6 million people suffered with tuberculosis globally in 2014 and India shared the largest number of cases in the south-east Asian region with prevalence and incidence of 2.5 and 2.2 million respectively.<sup>1</sup> Tubercular manifestations can be of two types: pulmonary (PTB) and extra pulmonary (EPTB). Though pulmonary infections are more commonly encountered, extrapulmonary forms have also been a matter of concern since long. In India, 20% of all TB cases are extrapulmonary forms.<sup>2</sup> Though vascular areas like lymph nodes, meninges, kidney, spine and growing ends of bones are commonly involved sites in EPTB; pleura, pericardium, peritoneum, liver, gastrointestinal tract (GIT), genitourinary tract and skin may also be involved.<sup>3</sup> GI tuberculosis accounts for 1-3% of extrapulmonary cases,<sup>4</sup> which may be primary due to ingestion of *M. bovis* strain or may be secondary due to a primary focus elsewhere which is usually pulmonary. Tuberculosis of anoperineal region is a relatively rare form of EPTB which may often manifest in the form of anorectal abscesses, fistula and in some cases, may also present with anal stenosis.

TB is often a neglected cause of anorectal sepsis which usually remains unrecognized leading to recurrence of anal fistulae even after multiple surgeries. Although fistula in ano is a surgical disease, tubercular fistulae often present as an exception to this and can be managed effectively by proper antitubercular chemotherapeutic treatment. This paper describes a prospective series of tubercular fistula in ano where the patients were primarily managed medically and the outcomes have been reported.

## Methods

This prospective study included 25 patients of tubercular fistula in ano who attended the Ano-rectal clinic at Sir Sunder Lal

Hospital, Banaras Hindu University, Varanasi, India from June 2012 to July 2016. Unlike all other types of EPTB, there are no specific symptomatology or investigative findings attributed to tubercular fistula in ano and so, the diagnosis was made especially on the basis of clinical grounds, both on local as well as systemic presentation. Non-crypto glandular origin of fistula in ano, recurrent nature of fistulae, multiple fistulae not linked to each other (tracks not communicating to each other), fistula with multiple external openings, thin caseous discharge, undermined edges of external opening, progressive anorectal stenosis and inguinal lymphadenopathy arouse suspicion of tubercular fistula in ano (Fig. 1).

Constitutional symptoms like low grade fever especially in the evening hours, anorexia and weight loss with features of anemia are the other features which further strengthen the doubt of a tubercular pathology, however all these symptoms were not present in all cases.<sup>5,6</sup> All patients underwent routine hematological investigations which included hemogram with ESR, blood sugar levels, liver function tests, serum urea-creatinine estimation along with serological testing for HIV and HBsAg status. Digital chest radiography and Mantoux testing was done. Sigmoidoscopy was performed to rule out inflammatory and other bowel pathologies. In addition to this, biopsy of the tissue excised from the core of the fistulous track was sent for histopathological examination. After confirming the diagnosis by histopathology, antitubercular treatment was started according to body weight on daily dosage pattern. The regime is shown in Table 1.

In cases, where the histological findings were not suggestive of tubercular pathology but the clinical sign and symptoms were in agreement of tuberculosis, a therapeutic trial of anti-tubercular treatment (ATT) was started for 8 weeks duration with 6 drugs (Table 1) and the treatment was further continued or ceased depending on the response of the patient. Informed consents were taken from all the patients prior to the inception of treatment. Patients were evaluated clinically at three months interval during the course of study and the cessation of CP was decided on the basis of healing of fistula in terms of a discharge free period for more than one year as

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