The sphincter preserving perianal fistulectomy: A better alternative

Sir,

The above mentioned Original Article has been published in the latest issue of the Indian Journal of Surgery.

As the President of the Association of Colon, and Rectal Surgeons of India and also responsible for nationwide training programme in Coloproctology, I could not resist expressing, my fundamental concerns about the referred article. I presume the article was assessed by a competent referee before publication.

The authors have attempted to change the fundamental facts about fistula in ano by publishing this original article by reporting 120 patients with a post operative follow up of only 9 days. Further more they found no recurrence at all and most incredibly 60% of the reported cases have been designated as ‘Sinuses’ rather than ‘Fistulae as no internal opening could be demonstrated.

Garcia-Aguilar et al, reviewed 624 cases after fistula surgery and reported a recurrence of 56% in patients where no internal opening could be identified. After a legitimate univariate and multivariate analysis, it was commented that the single most important factor responsible for recurrence of fistula after surgery is failure to identify the internal opening. Their reported recurrence for fistula with identifiable internal opening has been 7%.

The present article reports a 60% incidence of unidentifiable internal opening and not only reports no recurrence but goes to the extreme of redefining such fistula as sinuses, unbelievable it certainly is.

The Standard Practice Task Force of the American Society of Colon and Rectal Surgeons states that the incontinence to flatus is more than tripled after fistulectomy, the recurrence rates are similar to fistulotomy. The present publication claims ‘Fistulectomy avoids complications like incontinence and yields better results in recurrence point of view.’ The authors have reported no recurrence in the reported follow up of only 9 post operative days.

Are we witnessing a fundamental change in the characteristics of the dreaded disease called Fistula in Ano or is it an attempt to stack massive claims based on a study reporting a favorable follow up of a mere 9 post operative days?

I sincerely hope that you would possible ask the authors of this ‘Original Article’, to kindly express their views in this respect and subsequently consider this letter worthy of publication in the subsequent issue of Indian Journal of Surgery.

Ashok Ladha
FRC S., F.A.C.R.S.I., Member A.S.C.R.S. (USA). 9, White Church Colony, Indore - 452 001, India. E-mail: drladha@sancharnet.in

REFERENCE