Management of horseshoe fistula

By

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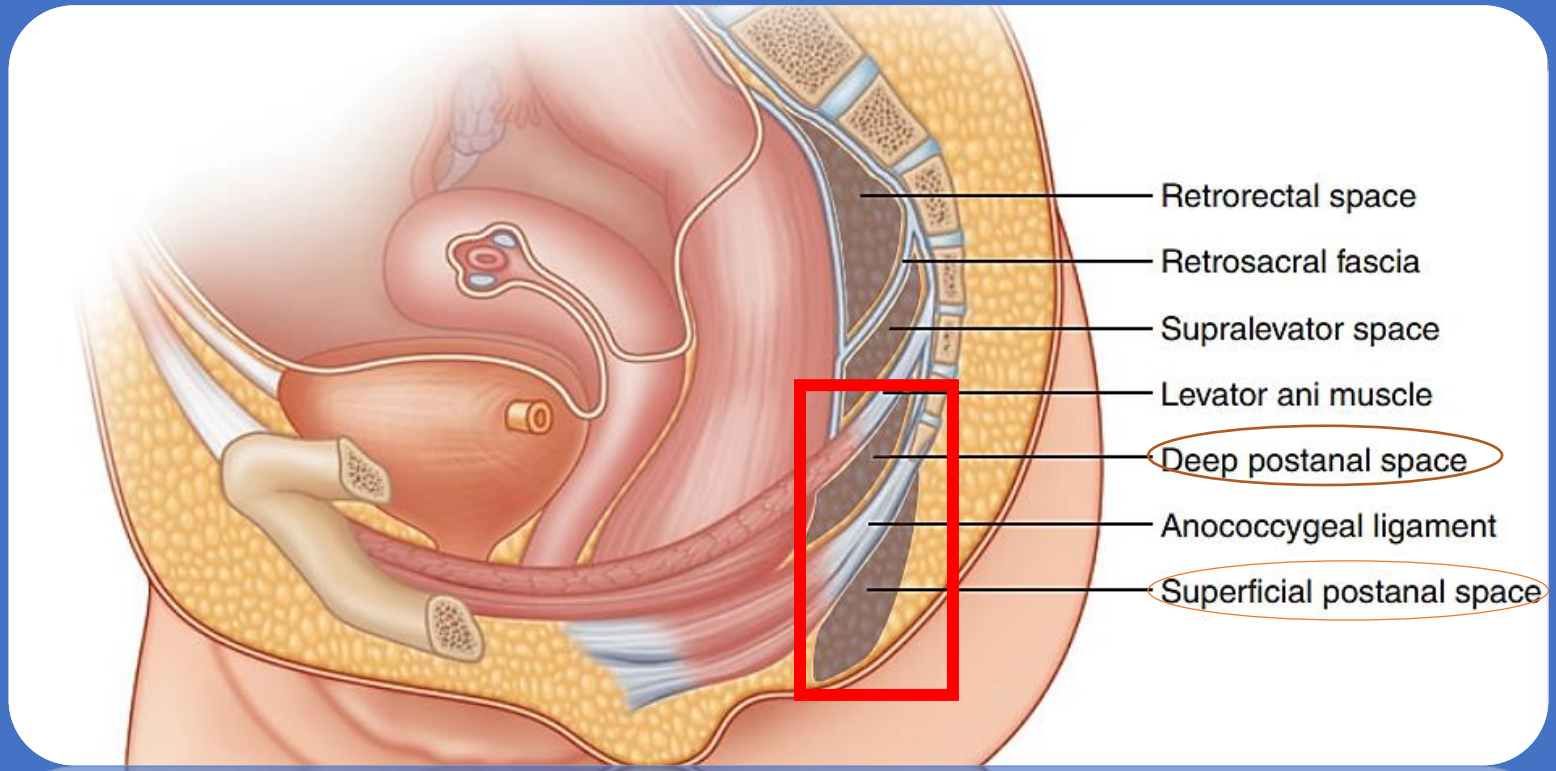
No disclosure

Post anal spaces



Post anal abscess and horseshoe extension

Infection starts in the inter sphincteric space.

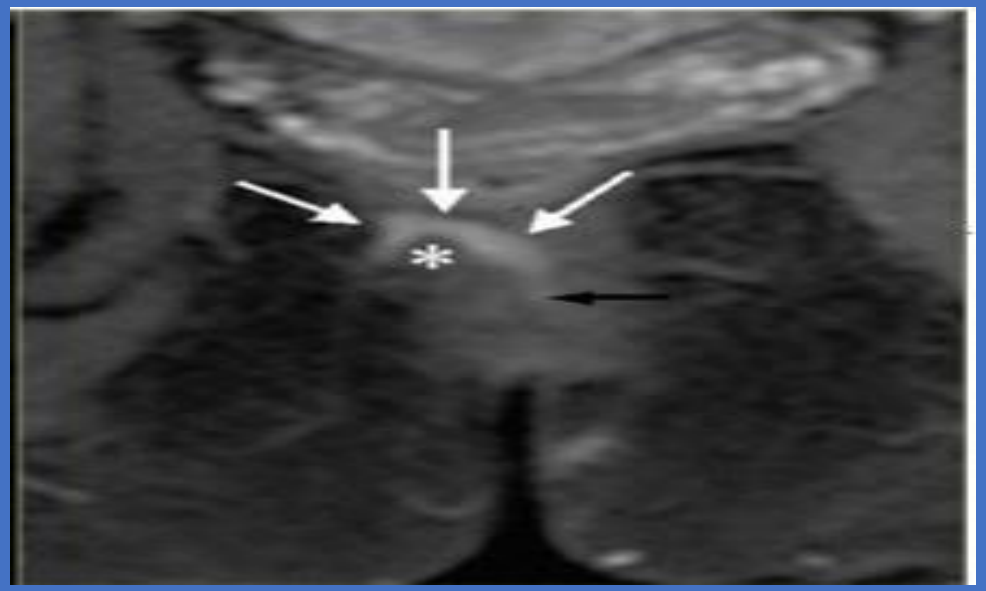
Spread circumferentially through the inter sphincteric, ischio-anal, or supra-levator compartment results in horseshoe fistula.

When the abscess is not drained adequately, it spreads extensively into the ischiorectal space.

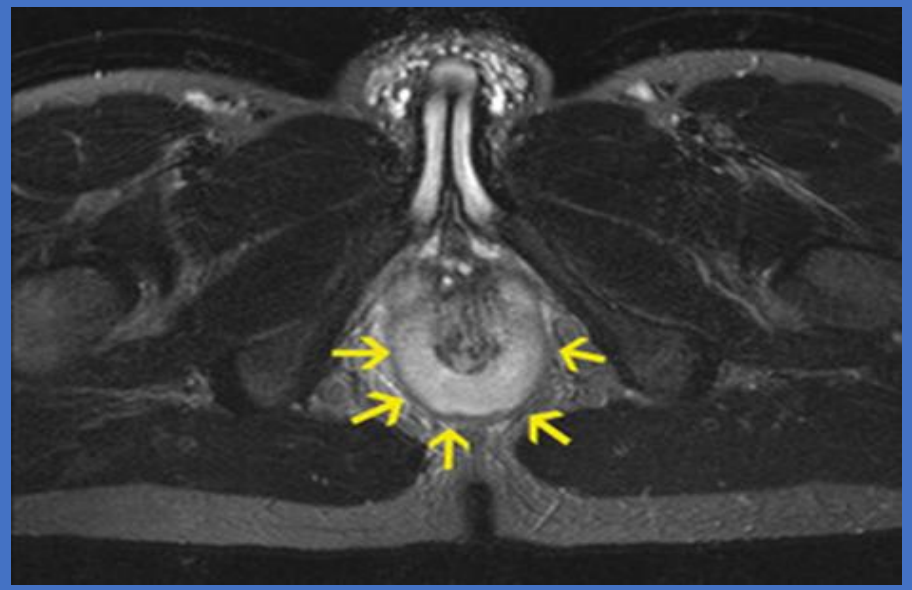
This spread results in anterior or posterior horseshoe abscesses and fistula.

Types

- Anterior type: less common and it originates from the anterior sub-epithelial space



- Posterior type: most common one and originate from the post anal space



What is the problem ?

- A complex type of fistula
- Difficult to be diagnosed
- Higher recurrence rate due to misdiagnosis
- Symptoms are usually severe
- Complexity of the secondary tracts

ASCRS & ESCP guidelines

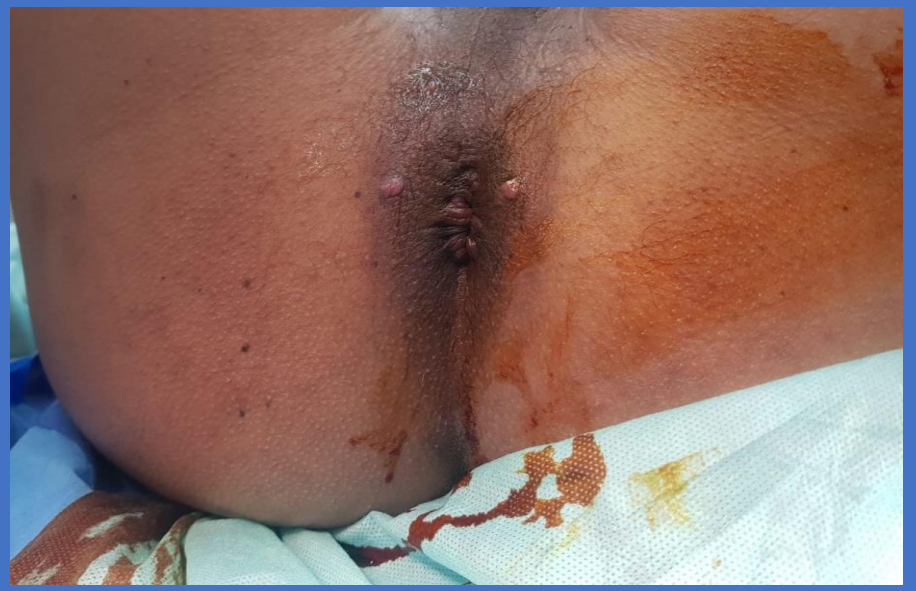
- It is a challenging procedure
- Immediate fistulotomy should be avoided.
- Hanley procedure is a good choice
- Modified Hanley is the best.
- Loose seton can be used (low level evidence)

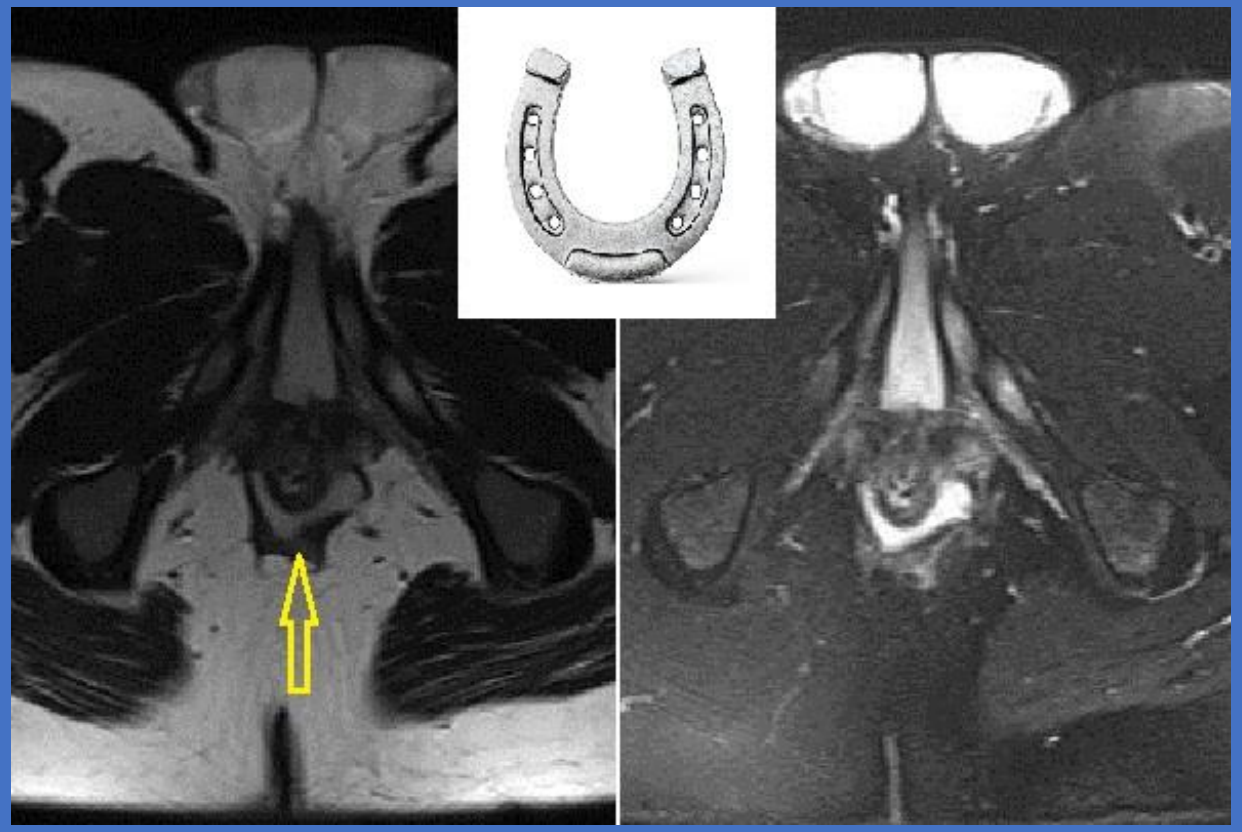
The typical horseshoe fistula is composed of bilateral external openings joined by a deep post-anal communication resulting in a U or horseshoe–shaped configuration.

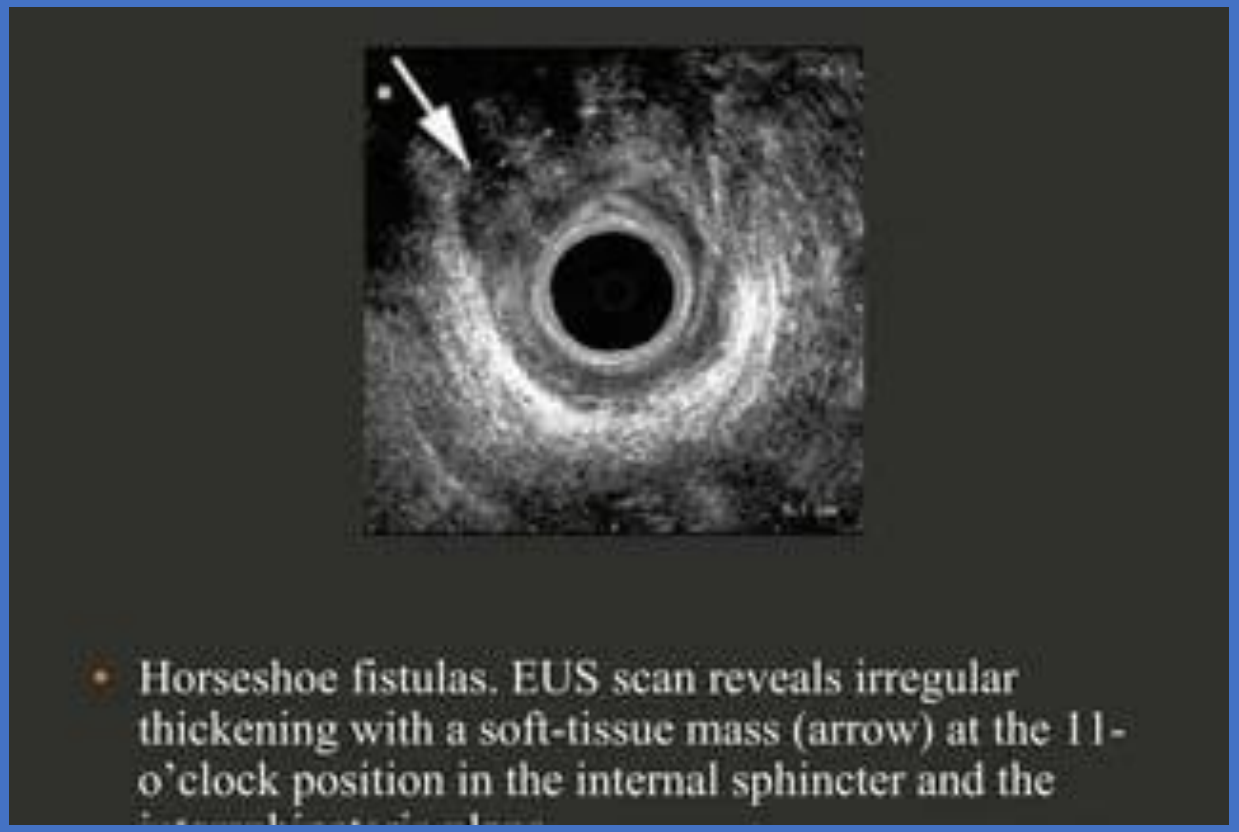
Patients with horseshoe fistula usually undergo multiple drainages and unsuccessful fistula surgery before they reach to get a definitive diagnosis and treatment

Diagnosis

- History
- DRE
- Examination under anesthesia
- Endoanal U.S
- MRI fistulogram







- Horseshoe fistulas. EUS scan reveals irregular thickening with a soft-tissue mass (arrow) at the 11-o'clock position in the internal sphincter and the

Treatment:

- **Principles in management:**

1. Delineate exactly the fistula anatomy (MRI, EAUS)
2. Identify the cause (cryptoglandular or other)
3. Drain all sites of infection
4. Eradicate the tract and 2 ry extensions
5. Preserve anal continence
6. Fistula surgery should be done in a dry field
7. Careful use of cautery is ideal.

Hanley's procedure:

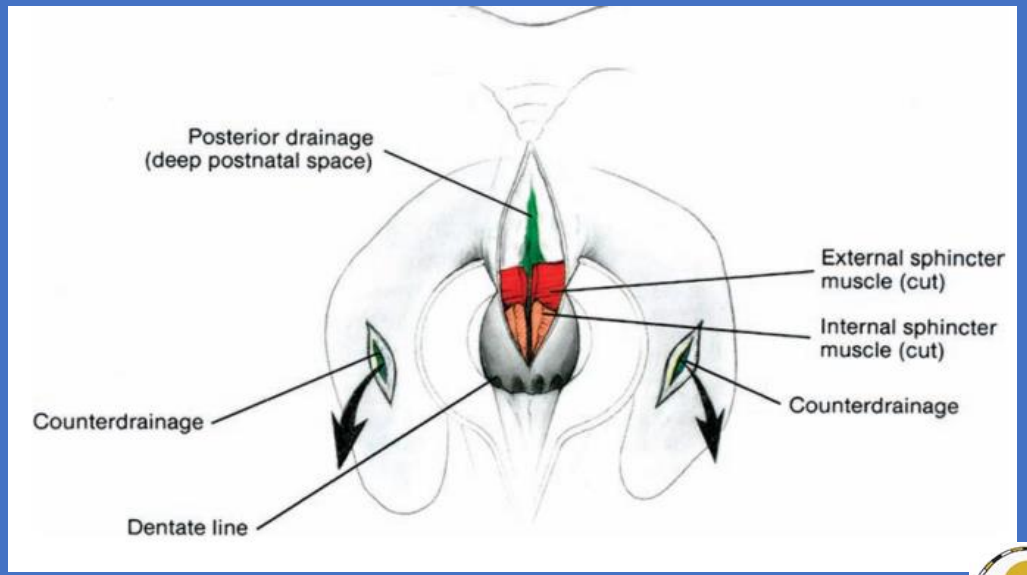
- Complete division of the posterior 12 o'clock sphincter mechanism down to the deep postanal space.
- Counter drains were placed through each lateral extension and were removed several weeks afterward

Conservative surgical correction of horseshoe abscess and fistula

Hanley, Patrick H. M.D.[1]

Author Information

Diseases of the Colon & Rectum 8(5):p 364-368, September 1965 | *DOI:* 10.1007/BF02627261



Modified Hanley's procedure:

- Hanley's obliterated the source of the fistula but on the expense of anorectal continence.
- Modified Hanley procedure was adopted, in which the posterior sphincter was divided gradually by using a cutting seton.
- It is proved to be safe, and successful and did not result in fecal incontinence.
- Complete healing of the fistula may take weeks or several months, but patients remain functional even with a seton in place.

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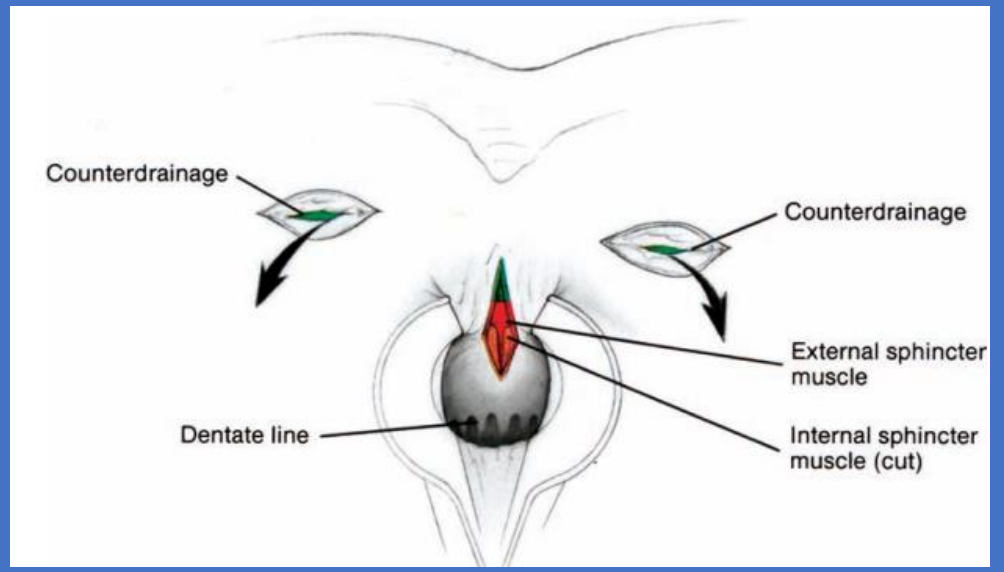
Scientific paper

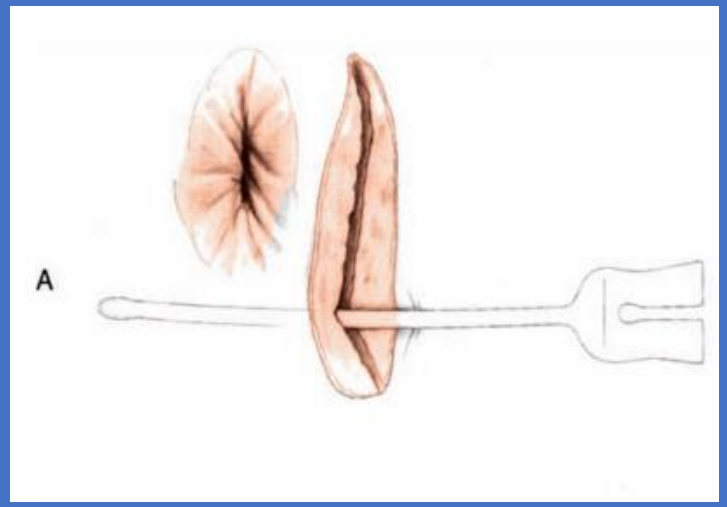
Successful treatment of horseshoe fistula requires deroofing of deep postanal space ☆

Michael E. Pezim MD [1]



lay open fistulotomy:

- Lay open of the lateral limbs.
- Exposure of the posterior extremity.
- Curettage of the granulation tissues.
- Lay open of the midline tract
- Don’t miss side tracts
- manage the large wound by trimming or marsupialization.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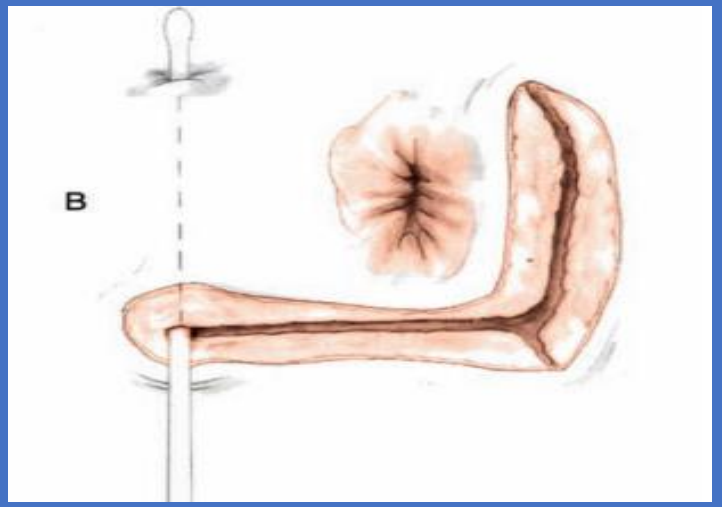
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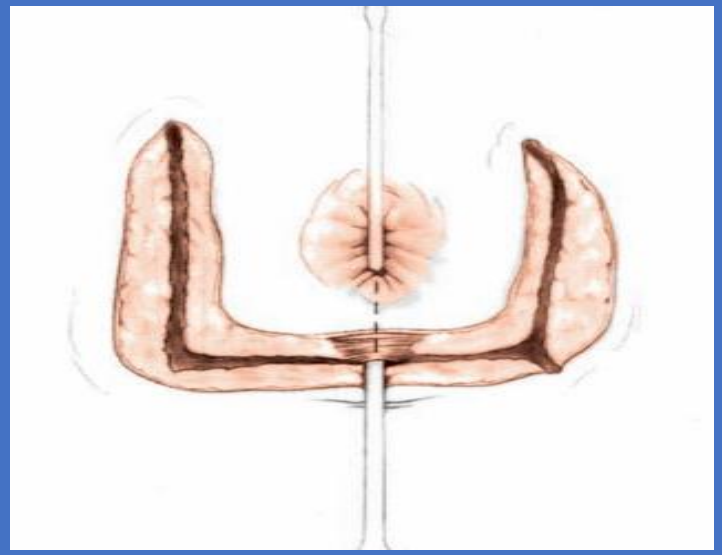

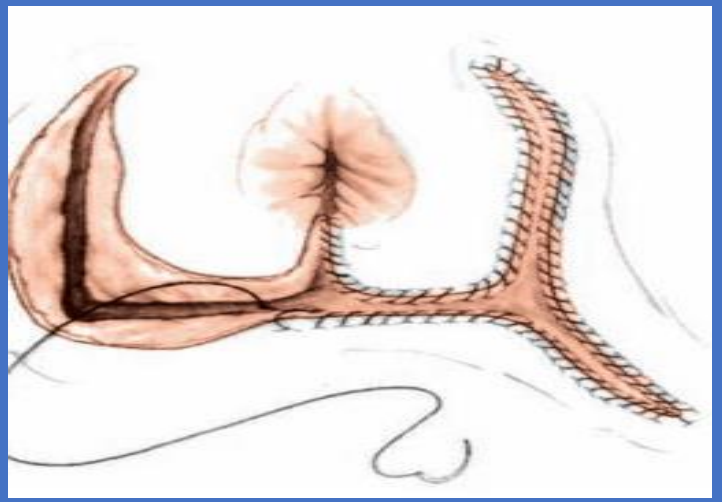


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Thank
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