

**DEFINITION**

1. A **fistula-in-ano** is a track lined by granulation tissue which connects deeply with the anal canal or rectum and superficially with the skin around the anus.

**CLASSIFICATION**

2. The standard classification of fistulae-in-ano is into 2 groups:
  - 2.1. **low level fistulae** – those whose internal opening is below the anorectal ring
  - 2.2. **high level fistulae** – those whose internal opening is at or above the anorectal ring.

**CLINICAL MANIFESTATIONS**

3. Fistulae-in-ano discharge sero-purulent material and, because of constant re-infection from the anal canal or rectum, they seldom close permanently without surgery.
4. Associated with the discharge is local irritation and discomfort of the skin.
5. So long as the discharge can escape freely, pain is not a symptom but, if the orifice is occluded, pain increases until the discharge erupts.
6. There may be multiple external openings and, indeed, openings may intercommunicate and be bilateral. Tracks may be straight or curved.

**AETIOLOGY**

7. The causes of fistulae-in-ano are –
  - 7.1. an anorectal abscess which either bursts spontaneously or was inadequately operated upon
  - 7.2. an anal fissure
  - 7.3. local trauma, penetration by a foreign body or by probing
  - 7.4. granulomatous conditions, such as tuberculosis and Crohn's disease
  - 7.5. other forms of ulcerative proctocolitis (including ulcerative colitis)
  - 7.6. bilharziasis and lymphogranuloma inguinale with a fibrous rectal stricture
  - 7.7. anorectal carcinoma (especially colloid carcinoma), although this is uncommon
  - 7.8. hydradenitis suppurativa, a chronic infection of the apocrine glands around the anal margin

7.9. spontaneously arising fistulae-in-ano occur, but are rare.

## **CONCLUSION**

8. **Fistula-in-ano** is the term given to a track linking the anal canal or rectum with the external surface around the anus. There are several causes and these have been listed above.

## **REFERENCE**

Mann C V and Russell R C G (Eds). Bailey and Love's Short Practice of Surgery. 21<sup>st</sup> Ed. 1992. London. Chapman & Hall Medical. p9.1267–9.1272.

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