

## EPIDEMIOLOGICAL PROFILE AND MANAGEMENT OF SPECIFIC ANAL FISTULAS

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**A retrospective study of 640 anal fistula patients over 6 years found that 93% were cryptoglandular in origin while 7% were specific fistulas requiring etiology-directed management.**

### KEY POINTS

- Among 640 patients with anal fistula, 595 (93%) had cryptoglandular fistula and 45 (7%) had specific fistula, with simple fistulas occurring in 90% and complex fistulas in 10%.
- The patient population was predominantly male (89%) with a mean age of 39 years, and chronic purulent discharge was the most common presenting symptom (65%).
- Among specific fistulas, Crohn's disease accounted for 58%, tuberculosis for 36%, neoplastic causes for 4%, and sarcoidosis for 2%.
- Cryptoglandular fistulas were managed surgically, while specific fistulas received etiology-directed treatment including seton drainage with combotherapy for Crohn's disease and anti-bacillary treatment for tuberculosis.
- This material is relevant for gastroenterologists and colorectal surgeons managing anal fistula patients and seeking data on the distribution of cryptoglandular versus specific etiologies.

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