MODERN METHODS OF SURGICAL TREATMENT OF H-TYPE FISTULA IN GIRLS

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The surgical treatment of girls' H-fistula is the one of main tasks of coloproctology. Different operations have been used including extirpation of fistula into rectum and PSARP. But frequent recurrence of fistula and scarry deformation of vaginalvestibule make us to search for the ways of solving the problem.

The aim of our investigation is to improve methods of surgical treatment of H-fistula.

Material and methods. Between 1994 and 2016 in the surgical department of Scientific Center of Pediatrics and Pediatric Surgery 66 (100%) children were operated. Age range was from 3 to 9 years. Diagnosis is based on the results of clinical data, X-ray, endoscopic and histological investigations.

The most informative, simple and available investigation is X-ray, performed by contrasting of distal rectum using ballon technique and was applied in 19 (28.7%) patients with H-fistula. This investigation enables to identify length and height of fistula, however all these fistulas had a low position.

In 3 (4,5%) patients rectovaginal fistula was found while in 63 (95,5%) — recto-vestibular fistula. 25 (37,8%) patients had cylinder form of fistula and 41 — conical (62,2%). In 27 (40,9%) girls fistula located on the left vaginal vestibule, in 26 (39,4%) on the right side and in 13 (19,7%) cases located centrally. Combined congenital pathology was revealed in 6 (9.1%) patients from 66 patients. Particularly sacral teratoma in 1 case, vesicoureteral reflux in 2 case, sacral vertebrae abnormality in 2 case, heart abnormality in 1 case.

In all 66 patients following types of surgery was performed:

Invaginatory extirpation of fistula was made in 8 (12, 1%) patients: 1(1,5%) girl with rectovaginal and 7(10,6%) with rectovestibular fistula; in 41 (62,2%) children with H-fistula anterior anorectoplastic was performed, 7 (10,6%) had surgical correction by fistula cutting method with forming united crevice. 10 (15,1%) had elimination of H-fistula using transanal method.

Results. 6 cases of 8 (12,1%) who had invaginatory extirpation of fistula occured reccurrence, and one of them had closed fistula with second healing, 5 children with recurrence were operated again — cutting the probe with satisfactory result.

2 cases of 41 (62,2%) girls who underwent anterior anorectoplastic had complication such as seam divergence and they were put terminal colostomy. These 2 patients had fistula recurrence again, which were operated repeatedly by fistula cutting method on the probe. 1 patient had bleeding on the seventh day and was reoperated with satisfied result. 10 (15,1%) patients operated by transanal method who were conducted layered mobilization of front wall of rectum over 1 cm from Morgan cript with fistula distraction and anatomy was restored. There were no complications.

Remote result of 59 (89,4%) patients was studied in 6–18 months after operation.

4 patients had encopresis and 6 had constipation, which was regulated by drugs.

Patients with encopresis were those who had the second surgery by fistula cutting method on probe.

To sum up, our treatment results show that using transanal method of surgical correction is treatment of choice, which tends to be more effective surgical treatment of this pathology and for recurrence of fistula is cutting on probe with forming united groove.

References

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