



Bölüm

34

PROKTOLOJİDE YENİ YÖNTEMLER

Mevlüt Harun AĞCA¹

GİRİŞ

Hemoroidal hastalıklar, anal fissürler, anal fistüller ve anal apseler hastaların yaşamları üzerinde önemli bir etkiye sahip olan yaygın ve iyi huylu anorektal hastalıklardır. Öncelikle dahiliye uzmanları, gastroenterologlar, çocuk doktorları, jinekologlar ve acil bakım sağlayıcıları dahil olmak üzere birinci basamak sağlık hizmeti sağlayıcıları tarafından karşılaştırılır. Çoğu karmaşık anorektal hastalık vakası kolorektal cerrahlara yönlendirilir. Bu hastalık süreçlerinin bilinmesi, uygun tedavi ve takip için esastır. Hemoroidal hastalıklar ve anal fissürler sıkılıkla ameliyatsız tedaviden yarar görür; bununla birlikte, cerrahi prosedürler gerektirebilirler. Anorektal apse ve anal fistüllerin tedavisi esas olarak cerrahıdır. Yillardır bu hastalıkların bilinen cerrahi tedavisi yapılmakla beraber günden güne teknoloji ile beraber hastalarda ameliyat sonrası semptom ve nüksleri azaltan teknikler gelişmeye devam etmektedir. Bu derlemenin amacı proktolojide bu hastalıklarda ki özellikle cerrahi tedavideki yeni teknikleri incelemektir.

ANAL FİSTÜL

Anal fistülün cerrahi tedavisinin tarihi, seton kullanımının ilk kez tarif edildiği MÖ 430'da Hipokrat dönemine kadar uzanmaktadır. O zamandan beri, bu karmaşık hastalığın tedavisinde, Eisenhammer, Goodsall ve Parks da dahil olmak üzere, birçok bilim insanı tarafından çalışma ve tartışma yaşanmıştır.

¹ Uzm. Dr., Seyhan Devlet Hastanesi, Genel Cerrahi Kliniği, magca01@hotmail.com

Yapay zeka ve robot teknolojisi giderek hayatın her alanına girdiği gibi tıbbın ve özellikle cerrahinin de envanterine girmeye başlamıştır. Bundan dolayı asistanlığımızdan itibaren temel cerrahi kriterleri ve konvansiyonel cerrahi teknikleri çok iyi bilmemizin yanında teknolojik aletleri ,yöntemleri de iyi bilmeli ve uzak durmamalıyız. Hastalara fayda-zarar ve maliyet yönünden en uygun teknik ne ise onu seçmeliyiz.

KAYNAKLAR

1. Nevler A, Beer-Gabel M, Lebedev A, Soffer A, Gutman M, Carter D, Zbar AP (2013) Transperineal ultrasonography in perianal Crohn's disease and recurrent cryptogenic fi stula-in-ano. *Colorectal Dis* 15(8):1011–1018
2. Kim Y, Park YJ (2009) Three-dimensional endoanal ultrasonographic assessment of an anal fi stula with and without H₂O(2) enhancement. *World J Gastroenterol* 15(38):4810–4815
3. Holzer B, Rosen HR, Urban M, Anzböck W, Schiessel R, Hruby W (2000) Magnetic resonance imaging of perianal fi stulas: predictive value for Parks classification and identification of the internal opening. *Colorectal Dis* 2(6):340–345
4. Benjelloun EB, Jarrar A, El Rhazi K, Souiki T, Ousadden A, Ait Taleb K (2013) Acute abscess with fi stula: long-term results justify drainage and fi stulotomy. *Updates Surg* 65(3):207–211
5. Stremitzer S, Strobl S, Kure V, Birsan T, Puhalla H, Herbst F, Stift A (2011) Treatment of perianal sepsis and long-term outcome of recurrence and continence. *Colorectal Dis* 13(6):703–707
6. Mylonakis E, Katsios C, Godevenos D, Nousias B, Kappas AM (2001) Quality of life of patients after surgical treatment of anal fi stula; the role of anal manometry. *Colorectal Dis* 3(6):417–421
7. McCourtney JS, Finlay IG (1995) Setons in the surgical management of fi stula in ano. *Br J Surg* 82(4):448–452
8. Vial M, Parés D, Pera M, Grande L (2010) Faecal incontinence after seton treatment for anal fi stulae with and without surgical division of internal anal sphincter: a systematic review. *Colorectal Dis* 12(3):172–178
9. Göttgens KW, Vening W, van der Hagen SJ, van Gemert WG, Smeets RR, Stassen LP, Baeten CG, Breukink SO (2014) Long-term results of mucosal advancement fl ap combined with platelet- rich plasma for high cryptoglandular perianal fi stulas. *Dis Colon Rectum* 57(2):223–227
10. Sentovich SM (2001) Fibrin glue for all anal fi stulas. *J Gastrointest Surg* 5(2):158–161
11. Singer M, Cintron J, Nelson R et al (2005) Treatment of fi stulas-in-ano with fi brin sealant in combination with intra-adhesive antibiotics and/or surgical closure of the internal fi stula opening. *Dis Colon Rectum* 48:799–808
12. Rojanasakul A, Pattanaarun J, Sahakitrungruang C, Tantiphlachiva K (2007) Total anal sphincter saving technique for fi stula-in-ano; the ligation of intersphincteric fi stula tract. *J Med Assoc Thai* 90(3):581–586
13. Yassin NA, Hammond TM, Lunniss PJ, Phillips RK (2013) Ligation of the intersphincteric fi stula tract in the management of anal fi stula. A systematic review. *Colorectal Dis* 15(5):527–535
14. Lui JJ, Wang ZJ, Zheng Y, Han JG, Yang XQ (2012) Ligation of the intersphincteric fi stula tract plus bioprosthetic anal fi stula plug (LIFT-plug) in the treatment of transsphincteric perianal fi stula. *Zhonghua Wei Chang Wai Ke Za Zhi* 15(12):1232–1235
15. Chew MH, Lee PJ, Koh CE, Chew HE (2013) Appraisal of the LIFT and BIOLIFT procedure: initial experience and short-term outcomes of 33 consecutive patients. *Int J Colorectal Dis* 28(11):1489–1496

16. Tan KK, Lee PJ (2014) Early experience of reinforcing the ligation of the intersphincteric fistula tract procedure with a bioprosthetic graft (BioLIFT) for anal fistula. *ANZ J Surg* 84(4):280–283
17. Laisdell PC (1958) Prevention of massive hemorrhage secondary to hemorrhoidectomy. *Surg Gynecol Obstet* 106(4):485–488
18. Lu LY, Zhu Y, Sun Q (2013) A retrospective analysis of short and long term efficacy of RBL for hemorrhoids. *Eur Rev Med Pharmacol Sci* 17(20):2827–2830
19. Shanmugam V, Thaha MA, Rabindranath KS, Campbell KL, Steele RJ, Loudon MA (2005) Systematic review of randomized trials comparing rubber band ligation with excisional haemorrhoidectomy. *Br J Surg* 92(12):1481–1487
20. Johannsson HO, Pahlman L, Graf W (2006) Randomized clinical trial of the effects on anal function of Milligan-Morgan versus Ferguson haemorrhoidectomy. *Br J Surg* 93(10):1208–1214
21. Stewart DB Sr, Gaertner W, Glasgow S, Migaly J, Feingold D, Steele SR. Clinical practice guideline for the management of anal fissures. *Dis Colon Rectum* 2017;60:7–14.
22. Hananel N, Gordon PH. Re-examination of clinical manifestations and response to therapy of fissure-in-ano. *Dis Colon Rectum* 1997;40:229–233.
23. Griffin N, Acheson A, Tung P, Sheard C, Glazebrook C, Scholefield J. Quality of life in patients with chronic anal fissure. *Colorectal Dis* 2004;6:39–44.
24. Keck JO, Staniunas RJ, Coller JA, Barrett RC, Oster ME. Computergenerated profiles of the anal canal in patients with anal fissure. *Dis Colon Rectum* 1995;38:72–79.
25. Lund JN. Nitric oxide deficiency in the internal anal sphincter of patients with chronic anal fissure. *Int J Colorectal Dis* 2006;21:673–675.
26. Schouten WR, Briel JW, Auwerda JJ. Relationship between anal pressure and anodermal blood flow. The vascular pathogenesis of anal fissures. *Dis Colon Rectum* 1994;37:664–669.
27. Klosterhalfen B, Vogel P, Rixen H, Mittermayer C. Topography of the inferior rectal artery: a possible cause of chronic, primary anal fissure. *Dis Colon Rectum* 1989;32:43–52.
28. Lund JN, Binch C, McGrath J, Sparrow RA, Scholefield JH. Topographical distribution of blood supply to the anal canal. *Br J Surg* 1999;86:496–498.
29. Poh A, Tan KY, Seow-Choen F. Innovations in chronic anal fissure treatment: A systematic review. *World J Gastrointest Surg* 2010;2:231–241.
30. Corby H, Donnelly VS, O’Herlihy C, O’Connell PR. Anal canal pressures are low in women with postpartum anal fissure. *Br J Surg* 1997;84:86–88.
31. Nelson R, Chattopadhyay A, Brooks W, Platt I, Paavana T, Earl S. Operative procedures for fissure in ano. *Cochrane Database Syst Rev* 2011;11:CD002199.
32. Littlejohn DR, Newstead GL. Tailored lateral sphincterotomy for anal fissure. *Dis Colon Rectum* 1997;40:1439–1442.
33. Garcia-Granero E, Sanahuja A, García-Botello SA, et al. The ideal lateral internal sphincterotomy: clinical and endosonographic evaluation following open and closed internal anal sphincterotomy. *Colorectal Dis* 2009;11:502–507.
34. Pelta AE, Davis KG, Armstrong DN. Subcutaneous fissurotomy: a novel procedure for chronic fissure-in-ano. a review of 109 cases. *Dis Colon Rectum* 2007;50:1662–1667.
35. Mousavi SR, Sharifi M, Mehdikhah Z. A comparison between the results of fissurectomy and lateral internal sphincterotomy in the surgical management of chronic anal fissure. *J Gastrointest Surg* 2009;13:1279–1282.
36. Engel AF, Eijsbouts QA, Balk AG. Fissurectomy and isosorbide dinitrate for chronic fissure in ano not responding to conservative treatment. *Br J Surg* 2002;89:79–83.
37. Lindsey I, Cunningham C, Jones OM, Francis C, Mortensen NJ. Fissurectomy-botulinum toxin: a novel sphincter-sparing procedure for medically resistant chronic anal fissure. *Dis Colon Rectum* 2004;47:1947–1952
38. Gloster HM Jr, Roenig RK. Risk of acquiring human papillomavirus from the plume produced by the carbon dioxide laser in the treatment of warts. *J Am Acad Dermatol* 1995;32(3):436–41.