

Acellular Dermal Matrix plug (Pressfit[®]) in the treatment of primary transphincteric anal fistula: a prospective study

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Aim of the study

We report data of a prospective study designed to evaluate feasibility, early and long-term outcomes of Acellular Dermal Matrix (ADM) plug (Pressfit[®]) for primary anal fistula.

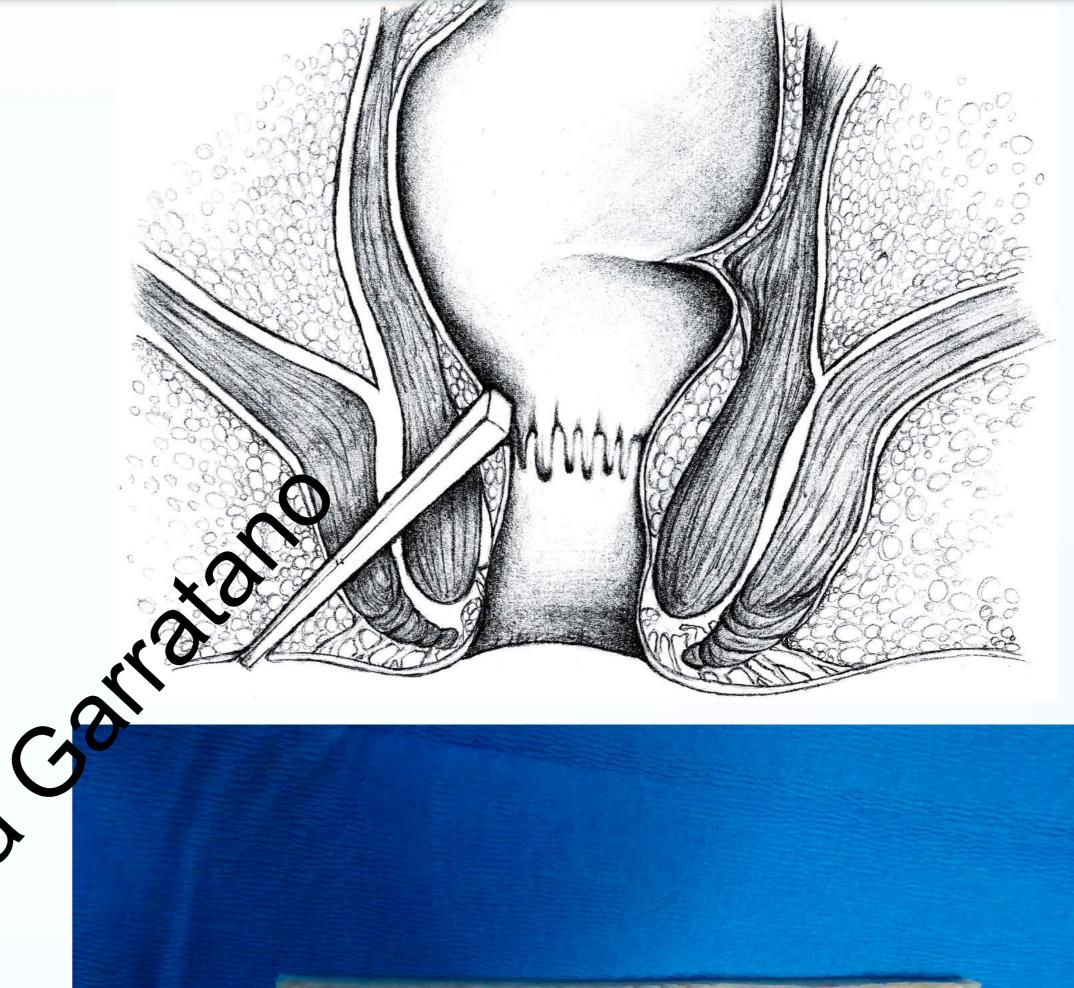
Materials and methods

•January 2014 - September 2015

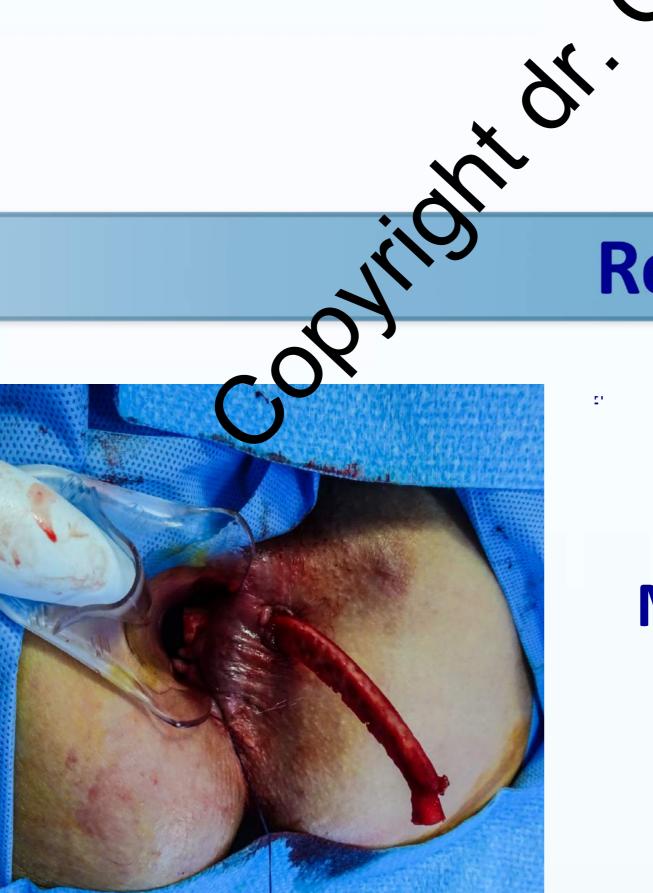
•15pts, median age 40,5 years affected by primary transphincteric anal fistula

•Preop placement of a seton for a minimum period of two months

•The plug was surgically positioned through that "press-fit" technique









Mean follow-up
(range)20 months (12-31)Major complications
(%)0 (0%)Recurrences (%)3 (20%)Mean healing time
(range)75 days (60-115)UAS 0-3: 13 (86%)VAS 4-7: 2 (14%)



No impairment of continence was observed and no difference reported in Wexner Incontinence score before and after surgery

Conclusions

Results

The surgical treatment of anal fistulas still remains challenging and a sphinctersaving procedure is desirable. Our results suggest that ADM-plug is a simple, safe, not expensive, minimally invasive, sphincter-saving and potentially effective procedure in the treatment of anal fistula.

References: 1) Sarzo G, Finco C, Mungo B et Al. – Anal fistula repair with Acellular Dermal Matrix Plug: description of a novel technique and early result – J Surgery – 2013 1 (1): 1-6 2) De la Portilla F, Rada R, Jimenez-Rodriguez R et Al – Evaluation of a new Syntetic plug in the treatment of anal fistula: results of a pilot study – Dis. Colon Rectum, 2011, 54: 1419-1422 3) Chan S, McCollough J, Schizas A et Al – Initial experience of treating anal fistula with the Surgis anal fistula plug – Tech Coloproctol – 2012, 16: 201-206 4) Garg P, Song J, Bhatia A et Al – The efficacy of anal fistula plug in fistula in ano:a systematic review – Colorectal Disease – 2010; 12:965-970 5) Schwander T, RoblickMH, Kierer W – Surgical treatment of complex anal fistulas with the anal fistula plug: a prospective multicenter study – Dis Colon Rectum – 2009; 52:1578-1583