Sphincter-saving procedure for a rare case of recurrent occult recto-vaginal and horseshoe anal fistula

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Background: Out of 47 patients with recto-vaginal fistulae operated on at our Units in the last 20 years, only two had a concomitant anal fistula. This infrequent association represents a challenge for the surgeon willing to preserve anal continence.

Methods: We report the case of a 58 years old nulliparous woman who initially suffered from an abscess from left Bartholin's gland, which was drained by a gynaecologist. After a period of stress and depression, which might have caused immunodepression and favoured the subsequent anorectal sepsis, she presented with a perianal and perivulvar abscess. The abscesses were drained, but sepsis recurred and the patient came to our observation, with a transanal US, carried out at another institution, showing just an anterior perianal abscess without any anatomic connection with the vagina.
At operation, a high recto-vaginal fistula was found. Two other secondary tracts were also present: one was peri-vulval and the other perianal, with an half horse-shoe shape and an anterior direction. A chronic perianal abscess was also detected..
The surgical treatment consisted of excision of the recto-vaginal fistula, and lay-open of the peri-vulvar tract and of the perianal half horse-shoe fistula. Once opened, the fistulae were curetted to excise granulation tissue . The rectal opening of the recto-vaginal fistula was then covered with an endorectal advancement flap. In order to excise the disease tissues, we had to divide a little amount of the the subcutaneus part of the external sphincter, of the transverse superficial perineal and of the bulbo-cavernosus muscle.
The patient refused a diverting colostomy and loperamide was administered along with parenteral nutrition in order to confine the bowel for ten days.

Results: Two months later, clinical examination showed a complete healing of surgical wounds, with no sign of either residual or recurrent anorectal sepsis. The patient was fully continent and just complained of occasional fecal urgency.

Conclusions: The interest of this case report is threefold: 1) the relatively rare association of recto-vaginal and complex anal fistulae; 2) the failure of endoanal US to diagnose the recto-vaginal tract and 3) the successful sphincter-saving operation which allowed to preserve anal continence.