



Letter to the Editor: Utility of Endoanal Ultrasonography in Assessment of Primary and Recurrent Anal Fistulas and for Detection of Associated Anal Sphincter Defects

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We read with interest the article “Utility of Endoanal Ultrasonography in Assessment of Primary and Recurrent Anal Fistulas and for Detection of Associated Anal Sphincter Defects” by Sameh Hany Emile et al. First of all, we appreciate the authors for bringing forth the relatively unexplored role of endoanal ultrasound in sphincteric evaluation in fistula in ano.¹ However, before adopting conclusion of the study, few questions need to be answered. First of all, anal manometry was done in patients with recurrent fistula in ano and having EAS defect in endoanal ultrasonography. It seems that it would have better had anal manometry been done in every case of primary/recurrent fistula in ano with symptomatic fecal incontinence, clinical evidence of sphincter damage, or occult fecal incontinence in EAUS and then anal manometry findings being correlated with that of endoanal ultrasonographic findings. Secondly, the issue of fecal incontinence

(symptomatic vs occult) would have been better delineated if comparison were done between primary and recurrent fistulas in ano in this regard as was done with primary and secondary tracks and localization of internal opening (Table 2 of the study). Thus, the results of the study would have added impetus to current conclusion of preoperative use of endoanal ultrasound in recurrent cases of fistula in ano. Nevertheless, this study provides platform for future studies for role of endoanal ultrasonography both as a diagnostic tool and as for optimal surgical planning.

Reference

1. Emile, S.H., Magdy, A., Youssef, M. et al. J Gastrointest Surg (2017) 21: 1879. <https://doi.org/10.1007/s11605-017-3574-z>

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