

# 가 1

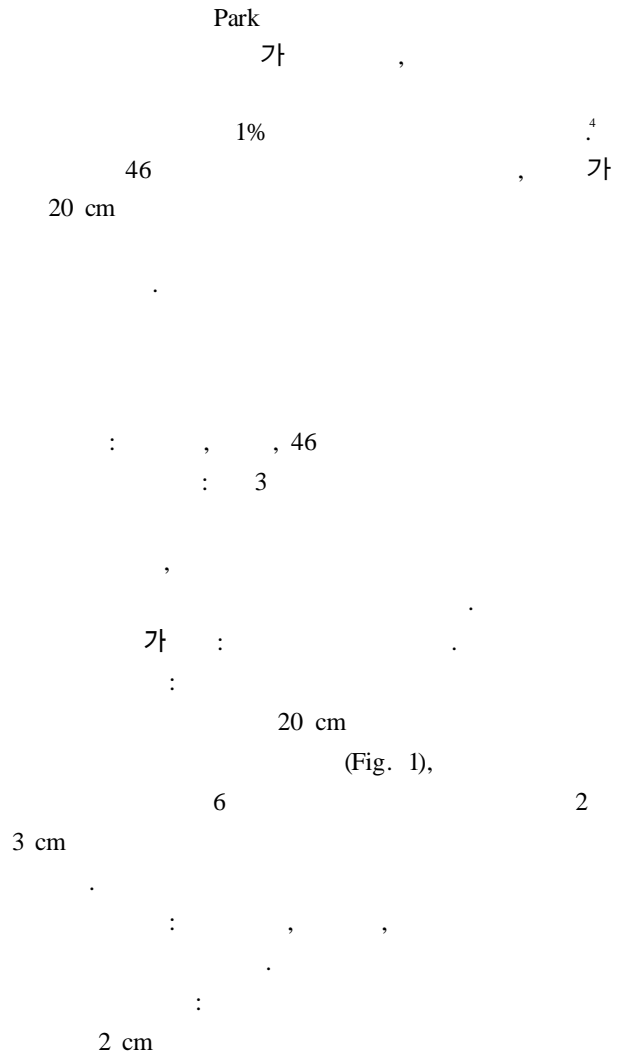
## A Case of Anal Fistula Which Has an External Opening in Thigh

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Infection of the anal glands is the most common cause of anorectal abscess. Distal obstruction may result in infection, and abscess formation. Drainage of the abscess through the perianal skin, whether spontaneous or operative, may lead to a fistula. The fistula in the fascial planes, especially within the intersphincteric space between the internal and the external sphincter extends into the ischiorectal fascia. Fistulas are usually classified into four main anatomic categories as described by Park and colleagues in 1976.<sup>1,2</sup> The most commonly occurring is intersphincteric fistula, constituting 70% of all anal fistulas. The infectious process starting from its origin proceeds directly downward to the anal margin, but there are variants of these types of fistulas that are less common and more complex to treat. Transsphincteric (25%), subsphincteric (4%), and extrasphincteric (1%) fistulas constitute the remaining 30% of other anal fistulas that are not intersphincteric. Extrasphincteric fistula is difficult to treat. It begins from the perineal skin and proceeds directly downward to the rectal wall above the levator ani. The tract it forms is completely outside the sphincter apparatus. There are numerous causes to anal fistulas including trauma, carcinoma, and Crohn's disease. We report a rare case of a 46-year-old male patient with an anal fistula which has a long abnormal course and an external opening in the thigh. The patient suffered from pain and an external opening for 3 years, with dirty discharge. **J Soc Coloproctol 2001;17:273-276**

**Key Words:** Anal fistula, External opening, Fistulogram



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**Fig. 1.** The external opening of the fistula is located 20 cm from the anus, in the posterior region of left thigh.



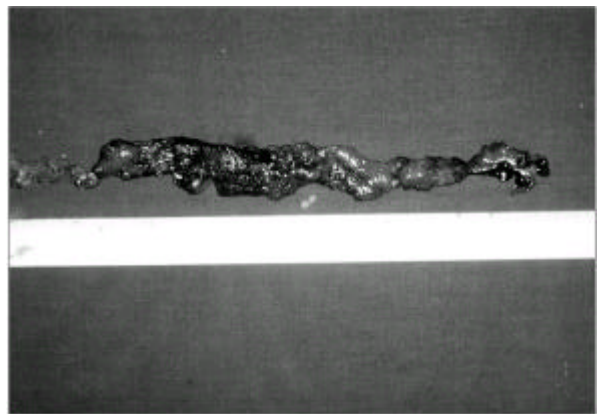
**Fig. 2.** The fistulogram showing the fistula tract between the external and internal opening.

(Fig. 2).

2 cm  
20 cm



**Fig. 3.** The fistula tract was confirmed with several transverse incisions.



**Fig. 4.** The specimen of fistula tract after operation.

2.5 cm , 가 21 cm,  
(Fig. 4).  
: 10  
11

(Fig. 3).

(cryptoglandular infec-

tion)

가

가 가

tersphincteric space)

(in-

90%

nctereric space)

(intersphi-

가

Crohn

가

(ischioirectal space)

, 가

, 1

가

가

가

(fistulogram)

, Crohn

3-5

2,3

12 25%

4

20

30

4.5

가

65%

(34%),

(24%),

(12%),

(1%),

, Crohn

6,10,11

Crohn

가

(HIV),

12

80%

가

가

Parks

4가

가

3,8,9

가

가

가

가

20 cm

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