Letters to the Editor

Bioglue for the Treatment of Anal Fistula is Associated with Acute Anal Sepsis

To the Editor—We read with great interest the work of de la Portilla and colleagues published in the February issue of Diseases of Colon and Rectum. In their article the authors reported the results of their preliminary experience with BioGlue® in the treatment of high anal fistulas. BioGlue® Surgical adhesive (Cryolife®, Inc., Kennesaw, GA) has been previously used as surgical sealant in cardiopulmonary and neurosurgical operations. However, its use in gastrointestinal operations has not yet been established. The concept of fistula obliteration with an injectable substance is an attractive idea because of the minimal tissue trauma and risk associated with such a procedure. In the past fibrin glue was widely investigated as biologic glue and although early series reported an encouraging high success rate, larger studies with long-term follow-up have shown a low closure rate. BioGlue® [purified bovine serum albumin and glutaraldehyde] has emerged as a potential alternative. In their described series from Spain the authors reported 14 patients treated on an outpatient basis. All patients received one week of postoperative antibiotics and avoided sitting for long periods. In some patients the plug of BioGlue® was expelled from the tract accompanied by purulent drainage. No patient required emergent reoperation for acute postoperative sepsis.

Encouraged by work previously reported from Norway, we prospectively investigated BioGlue® at our institution after IRB approval. We treated 6 patients with complex anorectal fistulas. None of the patients in our pilot study closed their fistula. Furthermore, 4 patients [67 percent] developed acute sepsis and 3 required operative intervention to drain the infection and/or debride the BioGlue®. In our patients we did not close the internal opening. Based on our preliminary experience, we no longer offer BioGlue® as an option to patients with anorectal fistulas.

We would be curious to learn whether Dr. de la Portilla and colleagues believe that either the presence of a seton or closure of the internal opening in their series contributed to the healing of some fistulas and contributed to a slightly lower postoperative septic rate compared to our study. What additional measures have they considered to lower the infectious complication of BioGlue®?

REFERENCES


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