

Topical Phenytoin in the Management of Fistula-in-Ano: A Review of Current Evidence

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Abstract

Fistula-in-ano is a common anorectal disease. Surgical treatment such as fistulotomy is standard for simple fistulas, but postoperative wound healing may take several weeks. Topical phenytoin has been studied as an adjunct wound-healing agent. Current evidence suggests potential wound-healing effects in some chronic wounds, but evidence after fistulotomy remains limited and inconsistent.

Introduction

The goal of fistula management is eradication of the fistulous tract while preserving sphincter function. Wounds after fistulotomy heal by secondary intention and require proper postoperative care.

Aim

To evaluate the available evidence regarding topical phenytoin as an adjunct in postoperative wound healing following fistula surgery.

Objectives

1. Assess wound healing time.
2. Assess postoperative pain.
3. Assess granulation tissue and wound-size reduction.
4. Assess postoperative complications.
5. Assess return to routine activity.
6. Assess safety and tolerability.

Review of Literature

Systematic reviews suggest topical phenytoin may improve healing in some chronic wounds. However, a randomized controlled trial after fistulotomy did not show significant improvement in healing time or pain compared with conventional care.

Methodology

A prospective comparative clinical study may be designed with Group A receiving standard postoperative care and Group B receiving standard care plus the study intervention under appropriate ethical approval and clinical supervision.

Outcome Measures

Complete wound healing, wound-size reduction, pain score, granulation tissue, infection, discharge, pos-

toperative complications, recurrence, and adverse events.

Statistical Analysis

Continuous variables may be expressed as mean $\pm$ standard deviation and analyzed using appropriate paired or independent statistical tests. Categorical variables may be analyzed using Chi-square or Fisher's exact test where appropriate. A two-sided p-value <0.05 may be considered statistically significant.

Discussion

Topical phenytoin has a biological rationale for wound healing, and studies in some chronic wounds have reported favorable outcomes. However, the available fistula-specific randomized evidence did not demonstrate a significant clinical benefit. Further adequately powered clinical trials are required.

Conclusion

Topical phenytoin remains an investigational adjunct in fistula wound management. Current evidence is insufficient to recommend routine use following fistulotomy, and further controlled studies are required.

Selected References

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