

## Therapeutic Management of Perianal Fistulation in Dogs

Sawan Kumar\*, Gopal Jaiswal and Jyoti Chanda Kalita

Department of Veterinary Medicine, CVASc, GBPUA and T Pantnagar, Uttarakhand, India

\*Corresponding Author: Sawan kumar, Department of Veterinary Medicine, CVASc, GBPUA and T Pantnagar, Uttarakhand, India.

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### Introduction

Most people are not in the habit of inspecting the area under their dog's tail unless the dog appears to be acting abnormally. Perianal fistulas are chronic, purulent, malodorous, ulcerating sinus tracts in the perianal tissues of animals, this condition is also known as anal furunculosis. Perianal fistulas are tunnel-like formations in the skin and deeper tissues of dogs that surround the anal area. The severity of the lesions varies, but they begin as small oozing holes in the skin. These holes can grow to be quite large and deep, encircling the entire circumference of the anus. It's most frequent in German Shepherds and shepherd mixes, although it can also be found in Irish Setters and Labrador Retrievers. It mostly affects middle-aged dogs, and there haven't been any reports of it in cats.

### What causes this disease?

The cause is unknown, but an immune-mediated mechanism with a genetic predisposition is suspected. More than 80% of all reported cases have been recognised in the German Shepherds, suggesting there may be a genetic component to disease susceptibility in this breed. A broad-based tail with low tail carriage may predispose to bacterial infection and chronic inflammation of the perianal skin, but this is often likely to be a contributing factor instead of the explanation for perianal fistulas. The draining tracts are lined with chronic inflammatory tissue and may reach the rectum and anus lumens. Because infection can spread to deeper structures involving the external sphincter ani, it must be treated as soon as possible. Perianal fistulas can cause your dog an excellent deal of pain and discomfort. Dogs with a perianal fistula can also have chronic diarrhoea as a result of inflammatory bowel disease; these two conditions may lead to formation of perianal fistula.

### If affected, what are the clinical signs evident?

The discomfort arises due to perianal fistula may cause biting and licking of the perianal region. Pain also can cause generalised depression, a shift in attitude, and anorexia. Anorectal stricture may develop as the condition progresses.

Noticeable clinical signs often observed include

- Tenesmus
- Dyschezia
- Diarrhoea
- Constipation
- Faecal incontinence
- Purulent discharge from the perianal region



**Figure 1:** Peri-anal fistulation observed in a 3-year-old German Shepherd male (A) Fistula after 2nd and 3rd week of therapy, which was almost completely closed (B and C).

## Diagnosis

Physical examination, including digital rectal examination, is a primary means of diagnosing perianal fistula in addition to signalment and history. Other causes of fistulation such as anal sac disease or neoplasia, must be ruled out. Bacterial culture may be required to identify organisms causing secondary infection. Tissue biopsy is only used in rare cases.

If one notices any of these symptoms in your dog, an appointment with the veterinarian is required right away. A rectal exam will be performed because perianal fistulas can be caused by an infection or a blockage of the anal sacs. Some dogs will need to be sedated in order for the examination to take place.

## Treatment

The treatment of choice is cyclosporine. The most common treatment for a perianal fistula is medical care. The drug of choice is cyclosporine (2–10 mg/kg, PO, daily). Higher dosages may be linked to a better outcome. After the lesions have completely resolved (typically 8–12 weeks), cyclosporine is reduced to the lowest effective dose to avoid relapse, which is common after quitting medication. The use of ketoconazole in conjunction with cyclosporine allows for a lower cyclosporine dosage, potentially lowering treatment costs.

Tacrolimus (0.1 percent ointment applied topically once or twice daily) can be used to treat moderate lesions or as a long-term treatment once more severe lesions have resolved. Antimicrobials may be required to treat secondary infections, although they are ineffective in treating perianal fistulas as a primary or only treatment. In dogs with severe tenesmus, dyschezia, or constipation, stool softeners and analgesics may be effective [1-7].

## Conclusion

Canine perianal fistula disease (PAF) is a chronic, debilitating, painful, and progressive disease of the anus, perianal skin, anal sacs, and adjacent tissues. The condition is intensely painful for the animal; straining and crying out while defecating, and persistent licking of the anal area are the most commonly reported clinical signs. It often interferes with the quality of life of both dog and owner. Diagnosis of the condition is usually straightforward, on the basis of clinical signs and visual inspection. As the condition is generally considered to be immune-mediated disease, so treatment usually centers on suppressing the immune reaction that is

causing the problem, meaning immunosuppressive drugs are the centrepiece of therapy. Also, the condition recurs in as many as 80% of dogs (depending on the treatment), medical and surgical treatments are usually combined in order to improve the long-term results.

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