

(21302) - AUTOLOGOUS PLATELET-RICH PLASMA (A-PRP) TREATMENT FOR TRANS-SPHINCTERIC PERIANAL FISTULAS: CLINICAL EXPERIENCE AND OUTCOMES IN 20 CASES

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Background: Trans-sphincteric perianal fistulas are a challenging condition to manage with high recurrence rates and often leading to long-term significantly impaired quality of life. Autologous Platelet-Rich Plasma (a-PRP) has emerged as an affordable alternative sphincter-preserving technique for these complex cases.

Objective: To present our hospitals' experience with the use of a-PRP in the treatment of trans-sphincteric perianal fistulas and to discuss the outcomes observed in our patient cohort.

Material and Methods: We conducted a retrospective analysis of patients with trans-sphincteric perianal fistulas who underwent treatment with a-PRP at our institutions between November 2021 and September 2023. The a-PRP was prepared intra-operatively using a standardized protocol; the tract of the anal fistula was curetted for de-epithelialization until hemorrhage occurred; a-PRP was injected both into the tissue around the fistula and inside the lumen of the fistula tract; the internal opening was closed with an absorbable suture.

Results: Our study included 20 procedures in 18 patients with trans-sphincteric perianal fistulas treated with a-PRP. Equal gender distribution (male/female: 9/9). Average age: 43.5 years [range: 27-65]. n=17 classified as ASA II (n=17). n=5 smokers.

Median BMI: 27 [range: 20-34]. n=1 Crohn's disease under vedolizumab and ustekinumab; n=1 hidradenitis suppurativa under adalimumab. All patients had prior seton placement. n=11: three or more previous surgeries; n=4: two prior surgeries; n=3: one prior surgery. Median follow-up period: 6 months [range: 1-23]. n=1 post-operative complication: manageable hemorrhage controlled with local dressing. n=3 recurrences, of which n=2 were reoperated using a-PRP.

Conclusions: a-PRP is an available and affordable sphincter preserving option for the treatment of trans-sphincteric analfistulas with previous surgeries and a seton in situ. It is a minimally invasive ambulatory surgery with a rapid recovery period. In case of failure, this surgery does not withhold any other further alternative surgical techniques.

Further research and long-term follow-up are warranted to validate these findings and refine the selection criteria for optimal patient outcomes.

Palavras-chave : Perianal fistula, Autologous platelet-rich plasma, PRP, Trans-sphincteric fistula, Proctology