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Anal fistula is a common disease that has been troubling mankind for the last few centuries. Despite several advancements in this field, gold-standard treatment of **anal fistula** still eludes us. There are several challenges that make the management of complex **anal fistulae** quite difficult. In this review, major challenges are first discussed, followed by discussion of solutions (Table 1).

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Guidelines to interpret postoperative MRI in anal fistula

Abstract

Magnetic resonance imaging (MRI) is considered the gold-standard for evaluation of anal fistulas. There is sufficient literature available outlining the interpretation of fistula MRI before performing surgery. However, the interpretation of MRI becomes quite challenging in the postoperative period after the surgery of fistula has been undertaken. Incidentally, there are scarce data and no set guidelines regarding analysis of fistula MRI in the postoperative period. In this article, we shall discuss the challenges faced while interpreting the postoperative MRI, the timing of the postoperative MRI, the

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Perianal fistulization is an uncommon but important condition of the gastrointestinal tract that causes substantial morbidity. Perianal fistulas occur in approximately 10 of 100,000 persons, with a twofold to fourfold male predominance. Although anal fistulas were known to Hippocrates and have been described throughout the centuries, they began to receive special attention in the 19th century. In 1835, Frederick Salmon founded the Benevolent Dispensary for the Relief of the Poor Afflicted with Fistula, Piles, and O...

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