



Case Report

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# A Case of Perianal Abscess and Fistula after Treatment with HET Bipolar System

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## Introduction

HET Bipolar system is a relatively new treatment modality for the treatment of symptomatic grades I and II internal hemorrhoids [1]. In this procedure, the internal hemorrhoid and/or the tissue proximal to it is ligated and treated with bipolar radiofrequency current (10 watts) until tissue temperature of 55 °C is reached [2]. Multiple symptomatic hemorrhoids can be treated in one session without much pain or discomfort. No significant complication has been reported from this procedure. We describe a case of perianal abscess and fistula following HET treatment for internal hemorrhoid.

## Case Report

A 32 year old HIV positive African American male presented with intermittent rectal bleeding. He gave history of internal hemorrhoid and gastro esophageal reflux disease. He had regular bowel movements. His HIV status was stable with zero viral load. His father had colon polyps and grandfather colon cancer. He was a social drinker of alcohol and an ex-smoker. He was on Omeprazole and Complera (emtricitabine/rilpivirine/tenofovir). His physical examination was normal. Colonoscopy showed mild to moderate internal hemorrhoid. He received HET treatment to control his rectal bleeding.

## Result

His rectal bleeding stopped but he developed perianal abscess for which incision and drainage were done. He then developed clear perianal discharge. He was examined under anesthesia by a colorectal surgeon and found to have intersphincteric fistula. The internal anal sphincter was cut entirely and the base of the fistulous tract was treated with electrocautery with an excellent result. He did well after this surgery.

## Conclusion

Although HET treatment is given to cut the blood supply of the hemorrhoids, infection and fistula can develop rarely as described in our case. Endoscopists performing the procedure should inform the patients about these complications.

## References

1. Crawshaw BP, Russ AJ, Ermlich BO, Delaney CP, Champagne BJ (2016) Prospective Case Series of a Novel Minimally Invasive Bipolar Coagulation System in the Treatment of Grade I and II Internal Hemorrhoids. *SurgInnov* 23(6): 581-585.
2. Kantsevov SV, Bitner M (2013) Nonsurgical treatment of actively bleeding internal hemorrhoids with a novel endoscopic device. *GastrointestEndosc* 78(4): 649-653.

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