A 43-year-old woman was under study due to intermittent anal suppuration, diagnosed by ultrasound and magnetic resonance imaging with high intersphincteric fistula and no external fistula orifice (Parks classification). The patient was operated on in the jackknife position, at which time an anterior internal fistula orifice was observed at the pectineal line with an ascending intersphincteric tract and reentry into the rectum through a secondary orifice, as described by Parks in rare cases. Fig. 1 is a diagram of the anatomy of the fistula along with images of the pathway of the fistulous tract (A) and marsupialization (B), after the flattening and curettage of the tract. The patient progress was satisfactory, and the lesion healed.