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CHRONIC ANAL FISSURE TREATMENT WITH CONSERVATIVE LATERAL INTERNAL ANAL SPHINCTEROTOMY AND ITS OUTCOME

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Abstract:

Objective: *To determine the efficacy of conservative lateral anal sphincterotomy in chronic anal fissure treatment in women.*

Study design: *Quasi-experimental study.*

Location and duration of work: *In the Surgical Department, Lahore General Hospital From January 2017 to December 2017 for one year duration.*

Patients and methods: *All women included broad-based fibrosis fissures, extensive skin signs and failure to heal / recover after chemical sphincterotomy. The patients were operated under spinal anesthesia in the lithotomy position. Lateral internal anal sphincterotomy was performed at 9 o'clock with 1cm removal and skin tags were removed. Data and results were recorded in a pre-designed proforma and results were recorded for pain, complications, healing and relapse.*

Findings: *The total number of patients was 67. The average age was 31. The duration of the symptoms ranged from 2 months to 10 years. Fissures in 52 (77.6%) patients with constipation and 39 (58.2%) cases were associated with the birth of the posterior child. Eighty-two percent of the patients experienced pain relief at 48 hours and complete recovery of the Fissures was achieved at 97.01%. In two patients, transient incontinence of mucosa and flatus occurs. A wound infection developed in one patient and symptoms recurred in two patients after one year of complete recovery.*

Conclusions: *Conservative Internal anal sphincterotomy is a effective and safe method for the treatment of chronic anal fissure, which has conservative side complications and low recurrence rate.*

Key words: *Conservative anal sphincterotomy, Anal fissure, Recurrence, Incontinence.*

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INTRODUCTION:

Chronic anal fissure is one of the most common benign anorectal disorders in women, especially in women. The reason for starting is not clear. Small trauma from exudates and high anal pressure at rest are the main patho-physiological factors. The aim of the treatment is to reduce the anal tone and improve the healing of the fissure. Chemical and surgical methods are recommended. While chemical sphincterotomy temporarily reduces this spasm, surgical sphincterotomy remains equally persistent. Today, pharmacological agents are used as first-line treatment for chronic anal fissure, but the need for surgery or recurrence of symptoms or symptoms. Surgical treatment is necessary if the fissure is associated with prolonged history, fibrosis, skin tagging, or mucous polyps. Internal lateral anal sphincterotomy is the recommended surgical treatment with the best and best results. Conventional sphincterotomy involves dividing the internal sphincter into levels of the dentate line, a more conservative division may lead to less incontinence and an equivalent treatment rate. This study is designed to evaluate whether conservative lateral sphincterotomy is useful and safe in our construction.

MATERIALS AND METHODS:

This semi-experimental study was done at the Surgical Department, Lahore General Hospital From January 2017 to December 2017 for one year duration. A total of 67 female patients with chronic anal fissure, large skin findings and recurrence / failure with fibrosis after chemical sphincterotomy were included in the study. A detailed history and clinical examination of all the patients were performed. All patients were operated under spinal anesthesia in the lithotomy position. The park's anal retractor was placed and tested under anesthesia. At 90, a circumferential incision of 0.5 cm was made without any knife 11 and a plane was formed in the intersecting groove and between the inner sphincter and the anal mucosa. The inner sphincter was cut to 1 cm with scissors and skin traces removed. Hemostasis was achieved with digital pressure. The data and results were recorded in a pre-designed proforma and the results were recorded for pain relief, treatment, complications and relapse.

RESULTS:

A total of 67 women aged between 16 and 68 (mean age 31 years) presented with chronic anal fissure. The duration of the symptoms ranged from 2 months to 10 years, but was mostly between 1 and 2 years (about 65%). Fissure was associated with constipation in 52 patients (77.6%) and 39 patients (58.2%).

The examination revealed the presence of large fibrotic skin tags in 86.76% of patients. Previous and next, other places (n 13-19%) Previously, the most Fissure were found in a position (n 22-33%) and side (n 2 - 3%) Within 48 hours postoperatively, adequate pain relief was achieved in 82% of patients (visual analogue scale). Fissure full recovery (up to 8 weeks after surgery) was observed at 97.01%.

Table 1 Patients Demographics and Fissure Characteristics

Characteristics	Group A[b] (*n*=30)	Group B[c] (*n*=30)	*P*
Gender (men/women)	13/17	14/16	
Mean age (years)	23.67 (range 18–40)	22.93 (range 18–42)	ns[d]
Mean symptoms duration (weeks)	15.87 (range 8–31)	15.73 (range 8–34)	ns[d]
Fissure position			
Posterior midline	18 (60%)	17 (56.66%)	
Anterior midline	12 (40%)	13 (43.33%)	
Pain	5 (16.66%)	6 (20%)	ns[d]
Bleeding	7 (23.33%)	7 (23.33%)	ns[d]
Pain and bleeding	18 (60%)	17 (56.66%)	ns[d]
Pain score	7.133 (range 2–9)	7.233 (range 3–9)	ns[d]
Sentinel pile	8 (26.66%)	9 (30%)	ns[d]
Anal papilla	15 (50%)	12 (40%)	ns[d]
Sentinel pile and anal papilla	3 (10%)	6 (20%)	ns[d]
Constipation	22 (73.33%)	23 (76.66%)	ns[d]
CCF-CS	15.63 (range 8–20)	15.37 (range 8–19)	ns[d]
Fissure score[a]			
Grade 1	10 (33.33%)	10 (33.33%)	ns[d]
Grade 2	16 (53.33%)	15 (50%)	ns[d]
Grade 3	4 (13.335)	5 (16.66%)	ns[d]

CCF-CS Cleveland Clinic Florida's Constipation Scoring System

[a] Fissure grade: grade 1—fissure with exposed internal anal sphincter; grade 2—deeper fissure with widely exposed internal anal sphincter; grade 3—deep undermined fissure

[b] Group A—0.25% glycerine trinitrate ointment and anal dilators

[c] Group B—0.4% glycerine trinitrate ointment

[d] One-way analysis of variance with Bonferroni's multiple comparison test (ns=*P*>0.05)

Two patients remained unhealed after 8 weeks and subsequently died on follow-up. Postoperative bleeding was observed in 4 patients requiring only pressure dressing.

The wound infection came on one side. The main concern was incontinence observed in two patients. This was a temporary process and resolved within a month. Two patients returned with a recurrence of symptoms after one year of full recovery.

DISCUSSION:

Anal fissure is a painful perianal condition that is common in surgical practice. High anal pressure at resting line, 30 mmHg or more anal pressure at normal rest was considered an important etiologic factor. To reduce this stress, different treatment methods have been devised which result in healing of the cracks. Chemical sphincterotomy glyceryl trinitrate is the most commonly used side diltiazem; anal sphincterotomy is the standard treatment for chronic anal fissure. Practical spasms are the botulinum toxin which is introduced as a suitable alternative to more demanding analgesics related to moduler rejuvenators or ointments (more laborious treatment). Many studies have shown that internal anal sphincterotomy is greater in chemical sphincterotomy in terms of increased rate of action, less side effects, incontinence, and risk of relapse. There is no recommendation that chemical sphincterotomy should be reserved for patients who are used by many as first-line treatment and who do not respond to surgical chemotherapy at the onset of sphincterotomy. In our study, we have a history of more than 6 weeks of history of extended pharmacological studies explaining exploits in more than 6 weeks of illness and a story of many patient-associated clefts (83,46%) and more. This long history has made them candidates for surgical intervention. These delayed applicants had deficiencies in the right to observe the patients and described the treatment of homeopaths and took temporary relief and the main cause. The association with constipation was observed in 77.6% of the patients and this finding is consistent with the published literature. Vaginal birth and cesarean symptoms started at 58.2% of our study. This figure is much higher than the published literature showing that cases are associated with clefts up to 11%. Many patients stated that cleaning staff gave them first reason for educated personnel instead of nurses. Since constipation is once again associated with this factor, adequate diet or diet was not given to this disease fiber. In our posterior fissure study, it was more tight, but only 45% of the patients were present, then the most common position for fissure was revealed (90%) and the preliminary fissures accounted for only 10% of the cases. and 33% with previous fissures. Previous fissures only accounted for 19%. The proportion of our patients who are maternal associations is probably higher than the literature describing the cause of previous Fissure. Unlike classic sphincterotomes, which divide the sphincter sphincter into the dentate line, we divide it up to 1 cm. This conservative approach has been shown to be associated with less incontinence and equivalent treatment. Patient satisfaction was observed at 94.02% and was an effective and acceptable treatment. Four patients (5.97%) were not satisfied with the infection without temporary urinary incontinence and other fissures of healing. Experiences have shown that this process is safe and effective when shown to specialists.

CONCLUSION:

Conservative lateral internal anal sphincterotomy is a safe and effective method of treating chronic anal fissure with low complication rate and recurrence.

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