Chronic fissure-in-ano: A common surgical problem, best managed by lateral sphincterotomy

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One of the most common surgical conditions, we encounter in surgical practice is chronic fissure-in-ano. By the time, the patients come to a surgeon, he/she received a number of traditional and non-traditional treatments proved to be ineffective. Sufferings in some of these patients are so intolerable that they are easily liable to get maltreated by quacks and kabiraj. So, I feel surgeons should take initiatives and extend best possible effective cure for these patients from sufferings.

We have studied hundred consecutive cases of chronic fissure-in-ano (65 male and 35 female) of different age groups in our centre during 2004 and 2005.

The diagnosis of chronic fissure-in-ano was made on the basis of typical clinical features and confirmed on examination under anaesthesia (EUA). Proctoscopy and sigmoidoscopy was done in all cases to look for evidence of any associated disease. In suspected cases biopsy was taken to exclude aetiological factors like tuberculosis, Crohn’s disease and carcinoma. The patients with inflammatory bowel disease, previous ano-rectal surgery, granulomatous and neoplastic disease were excluded from this study.

Patients having chronic fissure-in-ano were admitted in ‘Ano-rectal’ surgery division of ‘Surgi-home’ on random basis i.e., either referred to surgi-home, by practicing doctors or coming spontaneously.

The patients having odd number in the serial were treated by manual dilatation of anus (MDA), where as patients with even number serial were treated by lateral internal sphincterotomy (LIS). Both these surgical treatments were done under spinal anaesthetic block (SAB). Lateral internal sphincterotomy was always performed on the left lateral side with the patient in the lithotomy position. Patients were followed up regularly at intervals of 3, 6 and 12 weeks. At followup, symptoms were assessed on a predesigned questionnaire. As per our study, We performed 50 cases of MDA and 50 Cases of LIS under SAB.

The findings show that the lateral internal sphincterotomy is better than simple anal dilatation for the treatment of chronic fissure-in-ano. The recurrence rate of fissure was significantly higher after anal dilatation than after internal sphincterotomy and functional results with respect to control of flatus and faeces were significantly better in patients treated by lateral interal sphincterotomy.

In our study, 45 cases (90%) of odd serial, pain was relieved immediately and significantly where as transient incontinence was noted in 17 cases (34%) and permanent incontinence was noted in 5 cases (10%) shown in graph-1.
In lateral internal sphincterotomy, pain relief was achieved in 50 cases of even serial (100%), transient incontinence is noted in no case, abscess formation in 5 cases (10%) and permanent incontinence in no case (0%) shown in graph-2.

Graph-1: Outcome of Manual Dilatation of Anus (MDA)

Graph-2: Outcome of Lateral Internal Sphincterotomy (LIS)

The complications and recurrence rates in our study are comparable to the study of many centers in other parts of world and published in international journals during the last few years. So, it can be concluded that lateral internal sphincterotomy is the treatment of choice in patients with chronic fissure-in-ano resistant to conservative measures. It has no permanent side effects and is well tolerated.

References
2. Wake Fields ; Short House A. Anal fissure, surgery international 1948,41 ;95-96.