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Original Research Paper

Surgery

A COMPARATIVE STUDY OF EFFECTIVENESS OF MEDICAL VS SURGICAL MANAGEMENT IN CASE OF ACUTE FISSURE IN ANO

Dr. I. Jahnavi Under Graduate

Dr. P. V. Jeevan Post Graduate

ABSTRACT

Background: Proctologic diseases have existed since ancient times, affecting 30–40% of people at least once. Anal fissures, found in 10–15% of cases, cause severe pain, often due to constipation or diarrhea. They mainly occur in the posterior midline, with anterior fissures more common in women. Treatment focuses on relieving pain and spasm through hydration, stool softeners, and sitz baths, while lateral internal sphincterotomy remains the preferred surgical option despite a 0–35% risk of incontinence. **Objective:** To assess the effectiveness of medical vs surgical mode of management in acute fissure in ano patients. **Materials and Methods:** This comparative study was conducted at Konaseema Institute of Medical Sciences and Research Foundation over 10 months, from May 1st, 2024, to Feb 28th, 2025. A total of 40 patients were studied. **Inclusion Criteria:** Patients aged 18–70 years (both males and females) presenting to the OPD or wards with symptoms of pain during defecation, bright red bleeding, and constipation (suspected acute anal fissure) who are willing to participate and follow up in the study. **Exclusion Criteria:** Patients with rectal carcinoma, anorectal ulceration from venereal diseases, systemic conditions like inflammatory bowel disease, tubercular fugax, or those with foreign body-related injuries. **Results:** All patients (100%) experienced pain during defecation as their primary complaint. Constipation was reported in 75% of cases, while 52% had pruritus ani. Additionally, 25% of patients experienced bleeding during defecation.

KEYWORDS : Fissure , Pain, Bleeding, Constipation

INTRODUCTION

Acute fissure-in-ano is a common anorectal condition that significantly impacts quality of life, requiring timely treatment. Most fissures occur in the posterior midline, while anterior fissures appear in 25% of affected women and 8% of men, with 3% having both types. The condition is often linked to anoderm overstretching due to hard stools. Hypertonicity of the internal anal sphincter contributes to its development, creating a cycle of spasm, ischemia, and delayed healing, potentially leading to chronic fissures.

METHODS

The medical management of acute fissure-in-ano focuses on relieving pain, reducing sphincter spasm, and promoting healing. First-line treatment included high-fiber diet, increased water intake, stool softeners, and warm sitz baths. Topical treatments like nitroglycerin ointment, calcium channel blockers, or botulinum toxin injections were given. Pain relief is achieved with local anesthetics and NSAIDs. Most cases heal within six weeks, but persistent symptoms required surgical intervention, such as lateral internal sphincterotomy.

Surgical management for acute fissure-in-ano involved lateral internal sphincterotomy, the preferred procedure to reduce sphincter spasm and improve blood flow for healing. It has a high success rate but carries a 0–35% risk of incontinence. Surgery is recommended for cases unresponsive to conservative treatment, ensuring long-term symptom relief and preventing recurrence.

OBSERVATION & RESULTS

Presenting Symptom

Complaints	Male	Female
Pain	22	18
Bleeding	6	4
Constipation	16	14
Pruritis	13	7

Assessment Based on Pain Relief

Pain relief	Male	Female	Total N%
At 2 weeks	16	15	31 (77.5)
At 4weeks	12	12	23 (60)
At 6weeks	18	10	18 (70)
At 8weeks	6	5	11 (27.5)
SURGERY	2	2	4 (10)

Pain relief was seen in 72% of males and 83% of females after 2 weeks, increasing gradually. Surgery (lateral internal sphincterotomy) was performed on 4% of cases after 8 weeks, with complete symptom resolution. No recurrences were observed

CONCLUSIONS

Acute fissure-in-ano, a common painful condition in both genders, is mostly treatable with conservative management, which is effective, affordable, and practical. Surgery (lateral internal sphincterotomy) is an option for persistent cases. Further large-scale studies are recommended to explore the link between diagnosis and management.

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