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# FISSURE IN ANO : REVISITING SYMPTOMATOLOGY AND GENERAL PRACTICES AMONG OPD PATIENTS

General Surgery

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## ABSTRACT

**Background:** Anal fissure is a common benign problem of anorectal region for which patients seek help in out patient department . Delay in seeking treatment ,reluctant behaviour in following treatment prescribed or not able to take in account the underlying pathology by treating physician leads to chronicity of this disease.

**Material & methods:** A prospective study was conducted administering questionnaire containing 7 questions to patients coming to surgery OPD with complaints pertaining to fissure in ano between July 2019 to March 2020 Before using for study the questionnaire was validated for use .All responses were analysed to assess the symptomatology and general practices among patients.

**Results:** Total 207 patients were included in study 126(60.86%) were male and 81 (30.13 % ) were females .A large number of patients were in 31 to 60 years of age group .81/207 (39.13%) were symptomatic for >1 year and 45/207(21.73%) were having symptoms for <15 days . Only 49/207 consulted doctor for their problem and 75/207 (36.23%)took advice from family and friends .Pain was problem in 100/207 (48.30%) patients however bleeding bothered to 15.45% patients only .Use of fenugreek seeds ,trifla ,coconut oil and stopping chilles were practices followed by 10 15 % of patients .Family history of fissure obtained in 45/207 (21.73%) patients. Five patients underwent lateral internal sphincterotomy (LIS) and 3 patients were found to have anorectal malignancy after evaluation.

**Conclusion:** Fissure in ano is a common problem with pain and bleeding being common symptoms and chronicity is a major problem. Delay in seeking medical advice and life style related factors significantly contribute to this problem .Increasing general awareness among people, dietary modifications ,patient counselling ,discussing correct technique of sitz bath and application of topical ointment can help patients to a great extent.

## KEYWORDS

Fissure in ano, Lateral internal sphincterotomy, topical ointment

## INTRODUCTION

Anal fissures are common problem which can be acute or chronic and can be diagnosed with good clinical history and detailed clinical examination .Classification is based on causative factors and termed primary when occur due to local trauma caused by hard stools ,prolonged diarrhoea ,vaginal delivery, repetitive injury or penetration and secondary when caused due to inflammatory bowel disease ,granulomatous disease ,HIV/AIDS and malignancies (1).

Usually acute fissure heals in 4-8weeks if medical management fails fissure becomes chronic and many of the times surgical intervention is needed .For primary fissures management is non operative and includes increased dietary fibres ,sitz bath ,topical ointment or botulinum injections .Secondary anal fissures require further investigation to look for the cause. (1,2)

## AIMS &OBJECTIVES

1) To study the symptomatology of fissure in ano and related general practices based on 7 point questionnaire in OPD patients

## MATERIAL &METHOD

This was the prospective observational study of patients visiting out patient department of general surgery at Lady Hardinge Medical College & associated hospitals ,New Delhi between July 2019 to March 2020. All patients above 18 years of age with clinical diagnosis of fissure in ano (Acute and chronic ) were included in study . A questionnaire containing 7questions were given to the patients and their responses were recorded . On treatment front in pharmacotherapy 2% Diltegesic ointment was prescribed for topical application three times a day .LIS was the surgical option for selective chronic cases.

### Questionnaire

Q-1 For how long are you suffering?
a) >1 year b) 3- 6 months c)1-3 months d) <15 days

Q-2 Whom did you consult first?
a)Friends b) family &relatives c) internet d)doctor

Q-3How much are you bothered with pain ?
a) Not at all b)a little c)quite a bit d)very much

Q-4 How much are you bothered with about bleeding
a)Not at all b)a little C)quite a bit d) very much

Q-5 How much fear do you have of getting cancer ?
a)Not at all b) a little c) quite a bit d) very much

Q-6 Local practices you followed
a) Fenugreek seeds b)Trifla c) coconut oil d) stopping chillies e) above mentioned all

Q-7 Any of your family members having similar problem?
Yes/no

## INCLUSION CRITERIA

All patients above 18 years of age with clinical diagnosis of fissure in ano

## OBSERVATION & RESULTS

A total of 207 patients with clinical diagnosis of fissure attended in OPD during July 2019 to March 2020 ,126 (60.86%) were male and 81(39.13%) were females.

**Table 1 Age Wise Distribution**

| Age in years | Male(number) | Female(number) |
|---|---|---|
| 15-30 | 4 | 9 |
| 31-45 | 58 | 18 |
| 46-60 | 44 | 26 |
| 61-75 | 17 | 27 |
| >75 | 3 | 1 |
| Total | | |
| | 126 | 81 |

Eighty nine patients (42.99% ) were below 45 years of age ,however 159/207 (76.81%) were below 60 years of age.

**Table 2 Responses To Questions**

| | A | B | C | D | E |
|---|---|---|---|---|---|
| Q-1 | 81(39.13%) | 50(24.15%) | 31(14.97%) | 45(21.73%) | |
| Q-2 | 50(24.15%) | 75(36.23%) | 33(15.94%) | 49(23.67%) | |
| Q-3 | 9(4.34%) | 27(13.04%) | 71(34.29%) | 100(48.30%) | |
| Q-4 | 55(26.57%) | 70(33.81%) | 60(28.98%) | 32(15.45%) | |
| Q-5 | 45(21.73%) | 33(15.94%) | 80(38.64%) | 49(23.67%) | |
| Q-6 | 22(10.62%) | 39(18.84%) | 21(10.14%) | 34(16.42%) | 27(13.04%) |
| Q-7 | Family History Yes 45(21.73%) | Family History No 162(78.26%) | | | |

Seventy six (36.71%) patients grouped in acute fissure in and 131/207(63.28%) were in category of chronic .Most of the patients received medical management, only 5/207 (2.41%) patients underwent LIS . After further evaluation of secondary fissures 3 patients were found to have underlying malignancy. Twenty seven out of 81 (33.33%) female patients had fissure following pregnancy.

## DISCUSSION

A fissure is a longitudinal tear in the skin of the anal canal below dentate line .Primary fissures are commonly benign and usual location is 6 'O' clock & 12 'O' clock however secondary fissures are lateral and multiple.(1)

Anal fissures can affect any age group but pediatric and middle aged are commonly affected .Gender is equally affected and according to study of USA >2.5 Lakhs people are diagnosed annually(3). Approximately 90% of patients have anal fissures in posterior midline and this area is said to be poorly perfused. Acute injury leads to local pain as well as spasm of internal anal sphincter ,further leading to high resting anal sphincter pressure which results in reduced blood flow and and poor healing. (3) In chronic fissure the deep tear exposes muscular fibres of anal sphincter and as a result of repeated injury and healing cycle the edges appears raised and this thickening of tissue at distal most end is given name of sentinel pile .Chronic constipation ,hypothyroidism ,obesity significantly contribute to chronic FIN.(4)

### Treatment protocol for management of FIN is as follows

1) Acute anal fissure :non operative ,high fibre diet, stool softeners ,sitz bath
2) Chronic fissure :topical agents ,nitrates or calcium channel blockers
3) Chronic anal fissure with failed pharmacotherapy :Botulinum toxin ,LIS(2,4)

In our study all patients were attended by a single surgeon and good time was spent discussing the patients perspective of his/her own problem .Only five patients needed LIS ,rest responded with medical management.3 patients were found to have underlying malignancy that demands thorough evaluation. Pain and bleeding were the common symptoms and general practices followed by patients work only when patient has good understanding of his problem.

If not taken care of properly then complication can be observed in form of bleeding, pain ,infection, incontinence or fistula formation.(2 ) The prognosis for most of the patients is good as long as they strictly follow life style modification and dietary regimen. Approximately 40% of patients who present with acute FIN can progress to chronic .(5) In chronic FIN where surgical option has been tried 4-6% can have recurrence.(6)

Prevention of recurrence should be the primary goal of treatment of FIN and education of patient for importance of adequate fluid intake ,high fibre diet ,stool softeners and avoiding constipation should be of utmost priority . Even though the problem is benign but due to pain and bleeding can have impact on QOL. (3,4)

Treatment for FIN should be individualized as causative factors differ a d patients follow different lifestyle and dietary practices .Discussing problem in detail with patients and assurance can motivate them to a great extent .These problems should be discussed in public forum on regular basis with question answer sessions for patients .Seeking early medical help can do wonders for overall outcome help in improving QOL of patients.

## CONCLUSION

Fissure in ano is a common problem with pain and bleeding being common symptoms and chronicity is a major problem. Delay in seeking medical advice and life style related factors significantly contribute to this problem .Increasing general awareness among people, dietary modifications ,patient counselling ,discussing correct technique of sitz bath and application of topical ointment can help patients to a great extent .All cases of secondary fissure should be thoroughly evaluated for underlying cause.

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There are no conflicts of interest

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