Surgical Treatment of Chronic Anal Fissure

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We have read an interesting article in *Acta Medica Iranica* by Mohammad Reza Motie and Parham Hashemi, who have reported their experience about chronic anal fissure (CAF), comparing medical treatment versus surgical sphincterotomy (1). They retrospectively evaluated 190 patients who were referred for CAF between the years 2005-2010 to Imam Reza Hospital, who were divided on the basis of the therapy proposed: medical treatment with topical nitroglycerin (group A), topical diltiazem (group B) and surgical approach with comparing surgical lateral internal sphincterotomy (group C). Relieve of pain was achieved in 77%, 83% and 98% in group A, B, and C, respectively. Fissure healing was obtained in 74%, 83%, and 94% of group A, B and C patients. Surgical treatment was found to be more effective than medical one in their series.

There are no established guidelines for CAF therapy. First-line approaches often include dietary management plus topical drugs. Surgery is considered for patients who show no response to conservative therapy, being lateral internal sphincterotomy the gold standard surgical approach for CAF with a healing rate up to 95%: common complications are represented by the recurrence of disease in up to 6% and incontinence in up to 17% of patients (2). In this way, we have performed a study (3) evaluating sixteen women affected by CAF without hypertonia of the internal anal sphincter, who were not responsive to previous medical treatment and who underwent fissurectomy with an advancement skin flap (3). We have found complete healing within 30 days and full relief of symptoms in all patients (3). The incidence of continence disturbance was observed in 25% of patients at the 1-month control, but it reduced to 12.5% of patients at 12-month follow-up (3).

In conclusion, as Mohammad Reza Motie and Parham Hashemi (1), we believe that surgery is more effective with respect to medical treatment in patients affected by CAF. However, we think that in the women affected by CAF with no hypertonia of the internal anal sphincter, a surgical sphincterotomy is not the best choice. In this set of patients, we prefer to perform a fissurectomy with the addition of an advanced flap procedure to reduce surgical complications.

References

1. Motie MR, Hashemi P. Chronic Anal Fissure: A comparative study of medical treatment versus surgical sphincterotomy. Acta Med Iran 2016;54:437-40.
2. Nelson RL, Thomas K, Morgan J, Jones A. Non surgical therapy for anal fissure. Cochrane Database Syst Rev 2012;2:CD003431.
3. Patti R, Famà F, Barrera T, Migliore G, Di Vita G. Fissurectomy and anal advancement flap for anterior chronic anal fissure without hypertonia of the internal anal sphincter in females. Colorectal Dis 2010;12:1127-30.

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