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A VIEW ONFISSURE IN ANO

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ABSTRACT
This is common disease of the anus which causes an amount of suffering out of all proportion to the size of the lesion, essentially, of a crack in the skin lined part of the anal canal.A fissure-in-ano may occur at any age but is most common between the second and fourth decades.Anterior fissure is more common in women than in men, and accounts for some 40% of all fissures in that sex as contrasted with 10% in men. Posterior fissure is 90% in men, 60% in women.The incidence of anal fissure is around 1 in 350adults,most commonly seen in middle aged and younger patients with mean age of onset 39yrs[3],So it is necessary to know in detail about Fissure in Ano.

KEY WORDS:

INTRODUCTION

The term "fissure" means a crack. An anal fissure appears to be a longitudinal crack in the anal skin, but in reality it is true ulcer of the skin of the wall of the anal canal[1].Fissure in ano is a painful linear ulcer in the long axis of the lower third of the anal canal. Anal fissure is very common condition. It is most important cause of severe anal pain. A fissure consists essentially of a crack in the skin lined part of anal canal, which often shows a considerable reluctance to heal. Alteration in bowel habit is said to be a common predisposing factor in both sexes.Once an anal fissure develops, there is usually excessive activity of the internal anal sphincter and high resting anal pressures, which perpetuate the condition. Such sphincter spasm is responsible for a vicious cycle of anal pain, fear of defecation[2], and passage of hard stools which stimulates further internal sphincter activity.According to pathology it may be classified in two part-

Primary fissure

A primary anal fissure is a benign superficial ulcer in the anal canal. Typically it is boat-shaped and the transverse fibres of the internal sphincter can usually be seen in its base. A primary fissure involves only the anal mucosa below the dentate line. If it extends more proximally, it is almost certainly secondary to some other disorder. A primary fissure is therefore usually about 1 cm in length and overlies only the lower third of the Internal sphincter. At its lower end there may be a tag of oedematous skin This tag is known as a 'sentinel' because it guards the fissure. Primary fissures may be acute or chronic

Acute Primary Anal Fissure

An acute fissure is superficial and the base is formed by loose connective tissue, commonly the transverse fibres of the internal sphincter are not seen. A sentinel tag may not be present. The edges of the ulcer are sharply demarcated and there is no induration, sepsis, oedema or cavitation. Acute fissures often heal spontaneously and they occur commonly in children, young adults and in the puerperium. If healing does not occur and symptoms persist, acute fissures invariably become chronic.

Chronic Primary Anal Fissure

Any patient with persistent symptoms for more than a few weeks usually has a chronic fissure. The edges of a chronic fissure are indurated and sometimes undermined; the internal sphincter is usually easily visible at the base. Later the ulcer becomes wider and the external aspect becomes oedematous owing to lymphatic obstruction. If the disorder persists there may be cavitation of the lower aspect of the fissure or undermining form sepsis in the intersphincteric plane. Progressive oedema gives rise to the characteristic skin tag and a hypertrophied anal papilla at the inner margin on the dentate line.

Secondary Fissure

Secondary fissure are those that arise in association with some other pathology such as Crohn's disease, anal tuberculosis, AIDS or a previous anal operation. Fissures complicating Crohn's disease and tuberculosis are often painless, they may be complicated by a fistula in-ano and perianal sepsis. Secondary fissures tend to be progressive, become chronic and rarely heal with conservative or surgical therapy.

Treatment of Fissure

- W- Warm sitzbath
- A- Analgesic
- S –Stool softener
- H- High fibre diet
- Topical Cream
    - Xylocain/ Nitroglycerin/ Botox injection
- Chemical cauterization
    - Silver nitrate/ phenol-in-glycerine
- Anal dilatation
- Fissurectomy
- Fissurectomy + Anoplasty
- Sphincterotomy

CONCLUSION

Fissure in Ano are commonly seen desease with pathophysiology associated with elevated sphincter pressures. The initial step of treatment is correctly diagnosing the cause or the problem and ruling out additional pathology,both conservative and surgical procedures are beneficial to treat Anal fissures,In the acute stage conservative line of management plays a role and for chronic stage surgical line of management plays a important role.

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