

Anal Fissures – A literal PAIN in the rear

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Disclosures

- No financial disclosures
- Cooler than Shashi

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What is a fissure?

Tear in lining of anal canal

Typical

Atypical

Acute

Chronic

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Acute Fissure



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Typical Fissure

History

Exam

Management

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History

Sharp, stabbing pain

Shards of glass

Razor blades

Worse than childbirth

Scared to have a bowel movement

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Bright Red Blood

Toilet paper, toilet bowl

Change in bowel habits

Antibiotics

New diet

Chemotherapy

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Exam

External exam typically
confirms diagnosis

Rectal exam/Anoscopy
painful

Anterior/Posterior
midline

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Pathophysiology

Resting tone
elevated

Decreased
blood flow

Impaired
healing

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Acute Fissure

High fiber diet +
supplement

Warm water
soaks

Topical analgesics
(lidocaine),
NSAIDs, tylenol

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Chronic Fissure



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Acute Fissure



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Chronic Fissure

Nifedipine

Nitroglycerine

Diltiazem

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Chronic Fissure



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Nifedipine

- Compounding pharmacy
- Apply three times daily (work schedule)
- 80% resolution over 6 week treatment period

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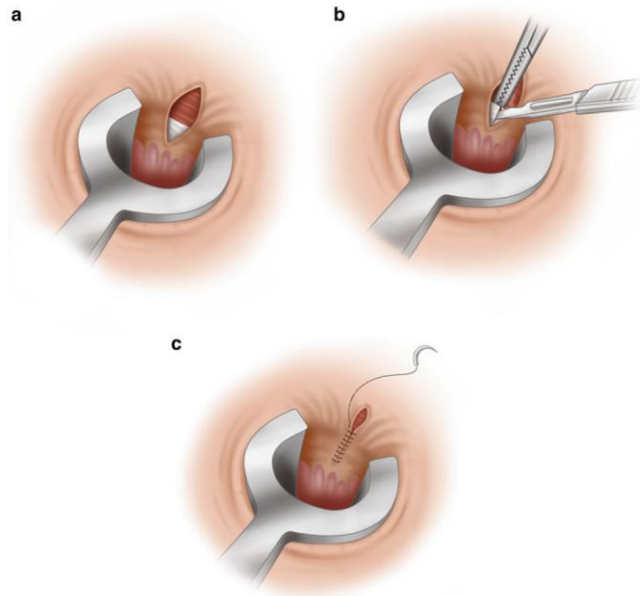
Surgery for refractory fissures

Lateral Internal
Sphincterotomy

Botox injection

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Lateral internal sphincterotomy



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Lateral internal sphincterotomy

Highly
effective

Some
morbidity

Patient
selection

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Botox injection

Less effective

No permanent
risk of
incontinence

Low morbidity

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LIS vs Botox

Risk for
incontinence?

Patient
preference

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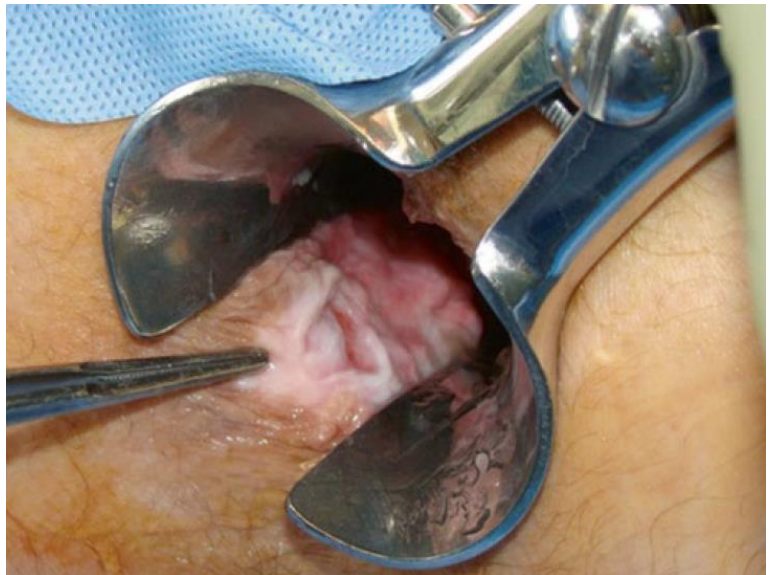
What if it
is not
typical?

Not all pain is a
fissure

Thorough exam
needed to rule out
other pathology
(malignancy)

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Atypical
fissure



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Atypical Fissure

- Multiple possible etiologies
 - IBD, radiation, STI, malignancy
- Hypotonic fissure
 - Treated with cutaneous advancement flap

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Pruritus ani



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Malignancy



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Questions?

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References

- Steele, S., et al, (2016) The ASCRS Textbook of Colon and Rectal Surgery (Third Edition). Springer