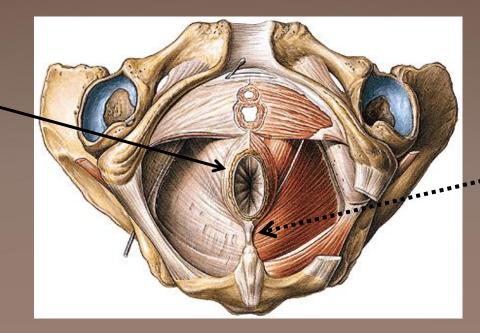
Anal Fissures

מחלקה : פנימית בי , תל-השומר נכתב עייי : ראובן בן-דוד סטודנט לרפואה שנה אי סמלוויס, בודפשט, הונגריה

Definition

- Anal fissure or in other a superficial tear, crack found in the lower third of the anal canal (below hilton's line)
- There are 2 types of anal fissure CHRONIC or ACUTE
- The position of the tear is mostly found on the posteromedially part of the external anal orifice wall, probably because of the relatively weaker support of the surrounding muscles that is the internal and external anal sphincter's. in some cases in females the crack may be positioned anteriorly due to weakening of the muscles after births

We can see the external anal orifice surrounded laterally and latterly very well by the external anal sphincter's



As we can see the posterior part is mostly supported by the annococcygus ligament and less by the muscle which leads to overall weaker support

<u>Aetiology (o b amricait – Etiology)</u>

- The precise reason is not known but it's thought to be caused because of a trauma mostly caused by an <u>hard stool</u> leading to increased pressure on the muscles and eventually to the crack.
- In females as mentioned earlier after pregnancies we may have the same result.

<u>Symptoms</u>

- Severe pain in the anus followed by blood after defecation.
- The pain may cause the patient to avoid as much as possible defecation.



<u>Diagnosis</u>

The diagnosis is done by simple eye inspection by laying the patient on his side with his knees folded and the attached to the thorax facing the anus toward us then we gently divide the buttocks in order not to cause to internal anal sphincter contraction which may retract the ulcer and hide it.



Anal fissures

<u>D.D</u>

<u>Neoplastic ulcers</u> – squamous cell carcinoma
<u>Crohn's disease</u> – Autoimmune inflammatory disease which may arise in any part of the G.I tract the ulcers in the anus will be sporadic – not in a specific area as was mentioned erlier.

Treatments

<u>Constructive treatment</u>

The pain is caused due to the internal sphicanter spasm – relieving the spasm by using anesthetics with high fiber diet that dilates stool.

The treatment has about 50% of success after 4 weeks Surgical treatment

sphincterotomy - treating the spasm directly by dividing the internal sphincter from the upper part above the hilton line and the lower part below will result in immediate pain relieve. should be followed by high fiber diet.

Used mostly on chronic cases.

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