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Case Study

MANAGEMENT OF CHRONIC FISSURE IN ANO: A CASE STUDY ON CONSERVATIVE VS. SURGICAL TREATMENT APPROACHES

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ABSTRACT

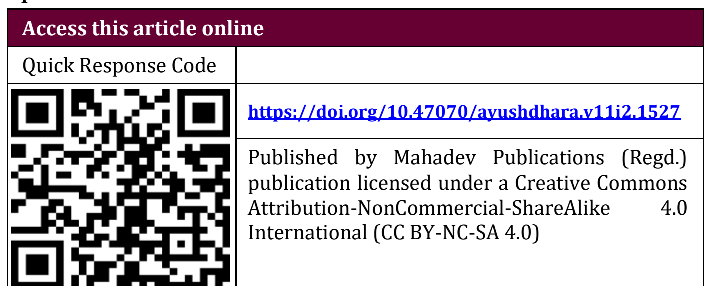
The conservative treatment arm includes dietary modifications, stool softeners, topical analgesics, and sitz baths. This approach focuses on symptom relief, promoting healing, and preventing recurrence. In contrast, the surgical intervention arm involves procedures like lateral internal sphincterotomy (LIS) or advancement flap repair. These techniques aim to address the underlying sphincter hypertonicity or poor blood supply to the fissure site.

The case study will present two patient profiles: one managed conservatively and the other surgically. Parameters such as pain scores, healing rates, time to symptom resolution, and recurrence rates will be compared between the two groups. Additionally, quality of life metrics and patient satisfaction will be assessed.

Insights from this case study can aid clinicians in selecting the most appropriate treatment modality for chronic anal fissures, considering factors such as severity, patient preference, and potential risks. Ultimately, the study seeks to contribute valuable evidence to the ongoing debate surrounding the optimal management strategy for this prevalent colorectal condition. Furthermore, the impact on the patient's quality of life and satisfaction with the chosen treatment approach is examined. Through a multidisciplinary approach involving gastroenterologists, colorectal surgeons, and the patient, this case study highlights the importance of individualized care and shared decision-making in managing chronic fissure in ano.

INTRODUCTION

Anal fissure is a common and painful condition that can significantly affect a patient's quality of life. While most acute anal fissures heal on their own, some do not and become chronic. In such cases, prompt treatment is necessary using appropriate methods. However, selecting the best method for treating anal fissures that achieves optimal clinical results while causing the least pain and inconvenience to the patient has always been a challenge for surgeons. This has led to the development of several surgical and pharmacological methods that relax the anal sphincter.[1]



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An anal fissure, also known as a fissure-in-ano, is a painful ulcer in the lining of the anus that extends from the anal opening towards the rectum, but not beyond the dentate line.[2] *Gud Parikartika*[3-5] or chronic fissure in ano, is understood as a manifestation of aggravated *Vata* and *Pitta doshas* affecting the anal region. The condition is characterized by symptoms such as severe pain, itching, and bleeding during defecation. Ayurvedic management typically involves a holistic approach aimed at pacifying the aggravated *Doshas*, promoting healing of the fissure, and preventing recurrence. In this case study, we present the management of chronic fissure in ano in a 45-year-old male patient who had experienced recurrent symptoms despite prior attempts at conservative management. The case underscores the complexities associated with chronic fissure in ano and the importance of personalized treatment strategies to optimize patient outcomes.

The cause of an anal fssure, and particularly the reason why the posterior midline is so frequently afected, is not completely understood. The location in the posterior midline may relate to the shearing forces acting at that site at defecation, combined with a less elastic anoderm endowed with an increased density of longitudinal muscle extensions in that region of the anal circumference. Anterior anal fissure is more common in women and may arise following vaginal delivery. Affected patients frequently present with internal anal sphincter hypertonia, which, in turn, enhances the traumatic effect of the hard stool and perpetuates relative tissue ischaemia with a decrease in blood supply to the anal mucosa. [6]

Through a comprehensive evaluation of the patient's medical history, symptoms, and diagnostic findings, healthcare providers must navigate the decision-making process to determine the most appropriate treatment approach. This case study examines the considerations involved in selecting between conservative measures and surgical options, weighing the potential benefits and risks of each approach.

By elucidating the management of chronic fissure in ano (*Gud Parikartika*) in this clinical context, this case study aims to contribute to the existing body of knowledge surrounding optimal treatment strategies for this debilitating condition. Insights gained from this case may inform clinical practice and enhance patient care in similar clinical scenarios.

Table 1: Showing Regression of drug dose and uses

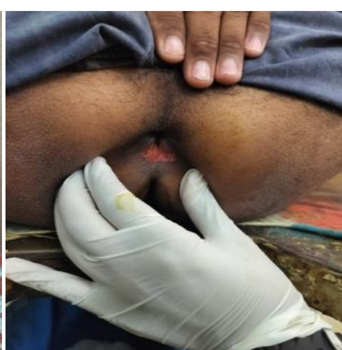
Sr.No	Drug	Use	Dose
1	Ointment *Shatdhout Ghrut*	Reduce Swelling and wound healing	3 times a day for local application
2	Tab. *Kaishor Guggul*	Sharangdhar Samhita Path Fasten the healing process & reduce pain and swelling	2 tds after meal with water
3	*Nagkeshar churna*	Reduce Bleeding & reduce swelling	3 gm after meal with water
4	*Avipttikar churna*	Remove constipation	3 gm before meal with hot water
5	*Jatyadi* oil	Remove constipation and lubricate the passage, fasten the wound healing process	5 ml with *Pichu*
6	*Panchsakar churna*	Remove constipation	3 gm hs after meal with water

Patient has advised to

A. Avoid Spicy and non-veg food
B. Fibres food in diet.
C. Buttermilk with *Jeera* & *Saindhav*
D. One spoon of cow ghee with one cup of warm cow milk early morning empty stomach.
E. Avoid late night sleep.
F. Anal sitz bath in warm water daily

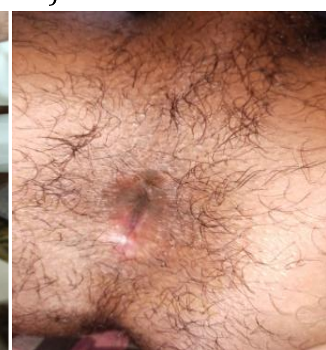
Duration: 21 days (3 weeks)

0 day image



1st week

2nd week



3rd week

Table 2: Showing Regression of Symptoms during Treatment

Sr.no	Symptoms	Day 0th day	1st week	2nd week	3rd week
1	*Gudapradeshikartanvatvedana* (excruciating pain)	+++	++	+	0
2	*Gudapradeshialpashoth* (swelling at anal region)	++	+	+	0
3	*Gudapradeshidaha* (burning sensation at anal region)	+++	++	+	0
4	*Malavashtmbha* (constipation)	++++	+++	+	0
5	*Saraktamalapravrutti* (stools streaked with blood)	++	0	0	0

Results

Clinical Presentation: The patient presented with a history of chronic anal pain, bleeding, and discomfort during defecation. Symptoms had persisted despite prior attempts at conservative management, prompting further evaluation and consideration of surgical intervention.

Diagnostic Findings: Anoscopy revealed the presence of a chronic anal fissure, confirmed by the observation of a linear ulceration in the posterior midline of the anal canal. No evidence of underlying pathology or complications such as abscess or fistula was noted.

Treatment Approach: Following multidisciplinary discussion and shared decision-making, the patient opted for surgical intervention due to the persistence of symptoms and failure of conservative measures to provide relief. A lateral internal sphincterotomy procedure was performed by an experienced colorectal surgeon.

Postoperative Course: The patient experienced significant improvement in symptoms following the surgical procedure. Pain relief was achieved, and there was evidence of fissure healing on subsequent follow-up examinations. Bowel habits normalized, and the patient reported a notable enhancement in overall quality of life.

Complications and Adverse Events: No major complications were encountered during the postoperative course. The patient tolerated the procedure well, with no significant adverse events reported. There were no signs of fecal incontinence or other sphincter dysfunction following sphincterotomy.

Follow-up and Long-term Outcomes: The patient was followed up regularly in the outpatient clinic to monitor long-term outcomes. At the last follow-up appointment, several months post-surgery, the patient remained asymptomatic, with no recurrence of fissure or associated symptoms. Patient satisfaction with the treatment outcome was high.

DISCUSSION

Clinical Presentation and Diagnostic Challenges

The presented case illustrates the typical clinical features of chronic fissure in ano, including anal pain, bleeding, and discomfort during defecation. Despite its characteristic symptoms, the diagnosis of fissure in ano can sometimes be challenging due to overlapping clinical features with other anal pathologies such as hemorrhoids or anal abscess. Anoscopy remains the gold standard for diagnosis, enabling direct visualization of the fissure and ruling out other potential etiologies.

Treatment Decision-making and Shared Decision-making: The decision to pursue surgical intervention in this case was influenced by several factors, including the chronicity of symptoms, failure of conservative measures, and patient preference. The importance of shared decision-making between healthcare providers and patients cannot be overstated, as it ensures that treatment plans align with patients' preferences, values, and goals. In this case, the patient's active involvement in the decision-making process contributed to the selection of the most appropriate treatment approach tailored to his individual needs.

Surgical Intervention: Lateral internal sphincterotomy is a well-established surgical procedure for the management of chronic fissure in ano, aimed at reducing anal sphincter tone and promoting healing of the fissure. The successful outcome observed in this case, characterized by significant pain relief and fissure healing, is consistent with previous studies demonstrating the efficacy of sphincterotomy in achieving symptom resolution and improving quality of life in patients with chronic fissure in ano.

Complications and Long-term Outcomes: The absence of major complications or adverse events following sphincterotomy in this case is reassuring and consistent with the low complication rates reported in the literature. Concerns regarding postoperative fecal incontinence or impaired sphincter function were not realized, highlighting the safety and efficacy of sphincterotomy as a treatment modality for chronic fissure in ano. Long-term follow-up is essential to monitor for recurrence of symptoms and assess for any late complications, although the favorable outcome

observed in this case suggests a durable resolution of symptoms.

Limitations and Future Directions: This case study has several limitations, including its retrospective nature and the inclusion of only one patient, which limits generalizability. Future studies incorporating larger patient cohorts and comparative analyses of different treatment modalities are warranted to further elucidate optimal management strategies for chronic fissure in ano. Additionally, the impact of patient-specific factors such as age, comorbidities, and anatomical variations on treatment outcomes should be explored to refine treatment algorithms and improve patient care.

CONCLUSION

In conclusion, the presented case highlights the challenges and complexities associated with the management of chronic fissure in ano. Through a multidisciplinary approach and shared decision-making, effective treatment strategies can be tailored to individual patient needs, ultimately leading to improved outcomes and enhanced quality of life.

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