A COMPARATIVE STUDY OF CHEMICAL SPHINCTEROTOMY (USING 2% DILTIAZEM) AND LATERAL INTERNAL SPHINCTEROTOMY FOR ANAL FISSURE

INTRODUCTION:

Anal fissures are commonly encountered in routine clinical practice, has traditionally been treated surgically. Developments in the pharmacological understanding of the internal anal sphincter have resulted in more conservative approaches towards treatment. In this study we compare symptomatic relief, healing and side effects of topical 2% Diltiazem gel and lateral internal sphincterotomy in the treatment of anal fissure.

In lateral internal sphincterotomy approximately 30% of the internal sphincter fibers are divided by using either an open or closed technique. However, the incidence of incontinence to faeces/ flatus after this procedure ranges from 0% - 35%. This significant complication has led to a search for alternative therapies for the treatment of anal fissure. A lot of medication applied topically for anal fissure causes internal anal sphincter relaxation. Because it mimics surgical sphincterotomy, this process is called Pharmacological/Chemical sphincterotomy.

INCLUSION CRITERIA:

All patients who present in surgical out patient department with complaints of painful passage of stool, with or without bleeding of more than 6 weeks duration, diagnosed to be having anal fissure based on the history and on clinical examination.

EXCLUSION CRITERIA:

Tuberculosis, Haemorrhoids, Anorectal abscesses, Anal malignancies, Immunocompromised patients, Previous history of faecal incontinence or anal stenosis, Patients who have undergone previous anal surgeries, Patients with history of bleeding diathesis.

INVESTIGATIONS:

CBC, Urine examination, BT, CT, ECG

RESULTS:

The final cure rate at 10th week for both the Groups was 84.4% in chemical sphincterotomy and 97.85% in lateral internal sphincterotomy.

CONCLUSION:

Topical Diltiazem should be considered as first line treatment in anal fissure. Internal sphincterotomy should be reserved for patients with relapse and therapeutic failure to prior pharmacological treatment.

KEYWORDS:

Anal Fissure, lateral internal sphincterotomy, topical diltiazem, visual analog scale, wexner score.