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Letter to Editor

Management of recurrent chronic anal fissure after lateral internal sphincterotomy

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Dear Editor,

This study included 30 patients affected by recurrent CAF after LIS, which underwent clinical, laboratory and instrumental examinations in order to exclude secondary CAF, a conservative treatment and an anorectal manometry (ARM) and an endoanal ultrasound (EAUS).

Three patients suffered from Crohn's disease. We recorded normal values of maximum resting pressure (MRP) in all patients. The EUAS revealed an undamaged IAS in 2 patients, this exam detected a partial section of the external anal sphincter; moreover, this latter diagnostic tool detected a classical sphincterotomy in 8 patients and a tailored sphincterotomy in 20. In 8 patients we didn't observe any accordance between the previous surgical procedure and ultrasonographic findings. Nine patients didn't responded to medical treatment, and therefore they underwent a fissurectomy and anoplasty with cutaneous V–Y advancement flap,[1] achieving a complete healing without recurrences after a 2 years follow-up; we didn't recorded any post-operative fecal incontinence case nor post-operative worsening of a previous existing fecal incontinence.

The first step in determining the proper management of these patients is to be sure that there isn't any alternative underlying disease causing the recurrence of CAF. The most frequent cause of secondary CAFs is Crohn disease without any other gastrointestinal sign or symptom.

It is mandatory to normalize bowel movements and it is recommend an hygienic, dietary and pharmacological therapy; it is useful for this purpose the employ of topical drugs such as anaesthetic or pain-killers.

In accordance with other studies, we thought that all of the patients should undergo an ARM and EAUS evaluation before considering further invasive procedures. EAUS allows to obtain information about the appropriateness of the original surgical procedure. Performing an ARM evaluation in these patients it's mandatory in order to target the subsequent treatment. Patients with high MRP can still benefit from a further sphincterotomy[2];whereas, patients with low MRP won't take advantage from a further reduction of the IAS tone, given the higher risk of anal incontinence.

Even if Liang and Church[3] obtained good results with a further sphincterotomy regardless to the IAS tone, various guidelines[4] strongly recommend to perform sphincter saving procedures in patients underwent previous proctological procedure and therefore at higher risk for post-operative anal incontinence.

The few available data with regard to the management of recurrent CAF, brings to light the need to perform further multicentric randomized trials, paying special attention to the layering of patients' group according to ARM and EAUS results.

Additionally, we consider that sphincter saving procedure should be preferred, as those patients have an higher risk of post-operative anal incontinence; as a matter of fact, fissurectomy and anoplasty with advancement flap allowed to achieve good results.

Authors and acknowledgement

All authors contributed to the study.

D'Orazio B. and Di Vita G. conceived, devised and designed the manuscript.

Geraci G. collected the case and iconography.

D'Orazio B. and Corbo G. wrote the manuscript and participated in the sequence alignment.

Di Vita G. revised and approved the final manuscript and its conclusions.

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Consent section

Informed written consent was obtained from all individuals participants included in this study.

Ethics approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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Availability of data

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Declaration of competing interest

The Authors report no conflict of interest in this work.

The Authors declare that they have no competing interests.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.asjsur.2021.03.054.

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