

MANAGEMENT OF ACUTE FISSURE IN ANO: A CASE STUDY ON CONSERVATIVE 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 acute 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 acute fissure in ano.

KEYWORDS: Acute Fissure-in-Ano, Gud Parikartika.

INTRODUCTION

Acute 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 require prompt intervention to alleviate symptoms and prevent complications. Selecting the best treatment method to achieve optimal clinical results while minimizing pain and inconvenience remains a challenge for surgeons. This has led to the development of several surgical and pharmacological methods to relax the anal sphincter.^[1]

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 acute fissure in ano is understood in Ayurveda 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. This case study presents the management of acute fissure in ano in a 45-year-old male patient who experienced symptoms despite initial conservative management. The case underscores the complexities of acute fissure in ano and the importance of personalized treatment strategies to optimize patient outcomes.

The cause of an anal fissure, particularly its frequent occurrence in the posterior midline, is not completely understood. The location in the posterior midline may relate to shearing forces during defecation combined with less elastic anoderm and increased density of longitudinal muscle extensions in that region of the anal circumference. Anterior anal fissures are more common in women and may arise following vaginal delivery. Affected patients frequently present with internal anal sphincter hypertonia, enhancing the traumatic effect of hard stool and perpetuating relative tissue ischemia with decreased 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 considerations involved in selecting between conservative measures and surgical options, weighing the potential benefits and risks of each approach. By elucidating the management of acute 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 Pilocx	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 tablets TDS after meals with water
3	Nagkeshar Churna	Reduce bleeding & swelling	3 gm after meals with water
4	Avipattikar Churna	Remove constipation	3 gm before meals with hot water
5	Karanj Oil	Lubricate the passage, fasten wound healing	5 ml with Pichu
6	Arand Bhrastha Haritaki Churna	Remove constipation	3 gm HS after meals with water
7	Hot Sitz Bath - Tankan bhasm	Reduce swelling and pain	125mg tds

Patients were advised to

- A. Avoid spicy and non-vegetarian food.
- B. Include fiber-rich foods in their diet.
- C. Consume buttermilk with jeera & saindhav.
- D. Take one spoon of cow ghee with warm cow milk on an empty stomach in the morning.
- E. Avoid late-night sleep. F. Take daily sitz baths in warm water. Duration: 21 days (3 weeks).

Image



Figure 1: Before treatment.



Figure 2: During treatment.

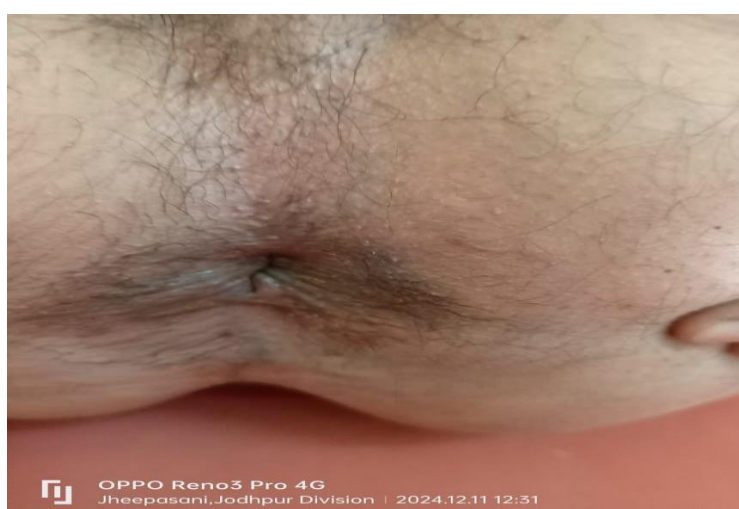


Figure 3: After treatment.

Table 2: Showing regression of symptoms during treatment.

Sr no	Symptoms	Day 0	1st week	2nd week	3rd week
1	Gudapradeshikartanvatvedana (Pain)	+++	++	+	0
2	Gudapradeshialpashoth (Swelling)	+++	++	+	0
3	Gudapradeshidaha (Burning sensation)	++++	++	+	0
4	Malavashtmbha (Constipation)	++++	++	+	0
5	Saraktamalapravrutti (Blood-streaked stool)	++	0	0	0

RESULTS

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

Diagnostic findings: Anoscopy revealed the presence of an acute anal fissure characterized by a linear ulceration in the posterior midline of the anal canal. No evidence of abscess or fistula was noted.

Treatment approach: Following a 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 was performed by an experienced colorectal surgeon.

Postoperative course: The patient experienced significant symptom improvement post-surgery, including pain relief and fissure healing, as confirmed on follow-up. Normal bowel habits resumed, and quality of life improved notably.

DISCUSSION

This case highlights the presentation and management of acute fissure in ano, focusing on the balance between conservative and surgical approaches. While conservative management remains the first-line approach for most cases, surgical intervention offers definitive relief in patients with refractory symptoms. Lateral internal sphincterotomy is a well-established procedure, as demonstrated by its success in this case.

CONCLUSION

The management of acute fissure in ano requires a patient-centered approach tailored to the severity of symptoms and response to initial treatments. Multidisciplinary care and shared decision-making are critical to achieving optimal outcomes. This case underscores the efficacy of surgical intervention in refractory cases and the importance of individualized treatment strategies for improved patient satisfaction and quality of life.

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