

Fissures are cracks or tears in the lining of the anal canal. Most are superficial and will heal spontaneously, but occasionally they can become deeper and chronic (i.e. persist for more than 6 weeks).

Theories suggest that fissures arise due to 'trauma' to the area due to constipation, diarrhoea or childbirth for example, and they may be related to conditions such as Crohn's disease, Ulcerative Colitis or herpes but often no underlying cause can be ascertained.

Fissures are common in young adults, men and women being equally affected.

Symptoms:

- Pain during and after defaecation: this may be severe and last from a few minutes to several hours.
- Bleeding: bright red, usually seen on the toilet paper.
- Discharge
- Swelling
- Itching

Treatment:

1.

Acute fissures: about 50% will heal without the need for treatment. A high fibre diet and/or

bulking agents to avoid constipation may be helpful. Topical creams containing local anaesthetics or steroid (hydrocortisone) may relieve the pain and inflammation, but prolonged use of topical anaesthetics can lead to skin sensitisation (extreme sensitivity). Warm baths are soothing and may contribute to the healing process.

2. Chronic fissures: GTN ointment (0.2%) may be used: it lowers the tone of the internal anal sphincter and this allows healing of the fissure. There may, however, be side effects such as headache. Botulinum toxin injection is thought to temporarily reduce the sphincter tone, but this has yet to be fully evaluated. Surgery may be necessary if the fissure does not respond to treatment. The complications of surgery include abscess, post-operative haemorrhage, incontinence of faeces and/or flatus, so surgery should be reserved for the most severe cases.