Introduction

Anorectal motility disorders are one of the most important subjects in the whole field of the gastrointestinal tract motility because they can disrupt the life style.
The anorectal function depends on the complex interrelation of sensory and motor function, which is coordinated within the central nervous system.
The diagnosis of function disorders of the anorectum, incontinence and constipation requires combination of a careful history, physical examination and the use of special diagnostic techniques like radiographic studies, neurophysiological studies of pelvic floor striated muscle and pudendal nerve latencies, electromyography, endosonography and anorectal manometry.

The anorectal manometry is a non invasive, safe and useful procedure for exploring anorectal function in severe cases, it is an index of the resistance of the sphincters to the passage of faeces **(Stabile, 1994)** and provide a far more indicator of anal sphincters tone than can be achieved by digital examination **(Coller, 1987).**

The anal endosonography is very effective and accurate method in the study of the morphology and in evaluating the damage to the anal sphincters also it is not painful and acceptable to the patient.
(Emblem, 1994).

The Electromyography is useful in the study of the function of the pelvic floor; it is helpful in evaluating the extent of the damage to the muscles caused by traumatic events **(Stabile, 1994)**.

Benign anorectal diseases {hemorrhoids, anal fissure, rectal prolapse, incontinence, and constipation.} are the basic element of this essay.

In the hemorrhoids there is high anal pressure due to the increased activity of internal anal sphincter and this supported by the anal manometry where in this patient the anal pressure is reduced after dilatation or haemorrhoidectomy, but the haemorrhoidal disease patient can be classified into two main groups, the high manometric findings group and the normal or low manometric findings group **(Arabi, 1977)** where the group which has high manometric findings will be served very good if additional sphincterotomy was done while the group of low manometric findings may be in harm if they face manual dilatation or sphincterotomy.
(Schuster, 1982).

In anal fissure there is high anal pressure due to the associated sphincter spasm where the preoperative manometric study of anal pressure in cases

of hemorrhoids and fissure will help in {1} choosing the type of operation (fissurectomy alone or combined with sphincterotomy) and in {2} determining the extent of sphincterotomy to avoid the disabling postoperative complication, where the postoperative soiling and incontinence were more apparent in patients with high reduction of their anal pressure after the operation mainly in whom sphincterotomy was done , but as the spasm is not a constant finding in anal fissure and in hemorrhoids so incision of the internal sphincter in a patient with normal tone or in a patient with deficient striated muscle may lead to fecal soiling (**Notaras,1971**) and this show the importance of the preoperative anorectal manometric study (**Pescatori,1988**) .

The fecal incontinence is a disabling problem, which may be attributed to a mechanical defect in the muscle, inadequate innervations of the sphincter mechanism or idiopathic causes, where the manometric study can differentiate between mechanical & neurogenic defects and the results can be confirmed by transanal ultrasound, electromyography anal study and also by nerve conduction studies of the pudendal and spinal nerves to diagnose the neurogenic cause.

In the rectal prolapse with incontinence there is lower resting anal pressure than prolapse with continence preoperative anal pressures study are of predictive value in identifying patients who are likely to remain incontinent after rectopexy (**Keighley, 1993**).

In the constipation the causes may be * defective fecal propulsion due to dysmotility of the colon, rectum or whole gut or * defective fecal expulsion i.e. obstructed defecation where the anal manometry and EMG studies of the sphincter, pelvic floor muscle will help much in the diagnosis and aid the management.

From the above we can know the importance of studying of anorectal pressure in determining the line of treatment in the benign anorectal diseases.