# SUMMARY AND CONCLUSION

**Anal fissure occurs as a longitudinal ulcer in the skin lind part of the posterior midline of the anal canal . However , it can be found in the anterior midline in up to 10% of patients . Lateral fissures are rare . It is predominant in young adults but is sometimes seen in infants and children, several anal fissures are considered to be exception .** ***( Schwartz et al 1994 )*** **.**

**Anal fissure is clinically differentiated into acute and chronic An acute anal fissure will heal spontaneously or in response to medical treatment, on the other hand chronic fissure is a recurrent painful condition . It starts as a crack in the mucus membrane of the anal canal over the lower third of the internal anal sphincter . Secondary infection , skin tag, hypertrophied anal papilla , fibrous indurations of the edges , spasm and fibrosis of internal anal sphincter occur later .** ***( Micheal et at , 1993 )*** **.**

**the etiology of anal fissure is unknown . Trauma to the anal canal as a result of constipation or labour may be one of causes of chronic anal fissure . Other causes are anal stenosis, Crohn's disease, and malignancy . The point at which an acute fissure becomes chronic is contentious, but published work**

**suggests symptoms lasting for more than two months are undeniably chronic .** ***( lund , 1996 )*** **.**

**The pathogenesis of this condition is thought to be the result of a cycle of pain, internal sphincter spasm, and pain . Treatment has been aimed decreasing high sphincter pressure in an attempt to break the cycle .** ***( Kortbeek et al , 1992 )*** **.**

**( Hananel and Gordon ., 1997 ) reported the presence of pain 96.8% bright rectal bleeding 70.8% and pruritius in 2.6 % while , (Kortbeek et al , 1992 ) reported the presence of pain in 96.4 % rectal bleeding in 92.8 % pruritius in 15.1 % . Anal fissure is associated with elevated resting pressure, and therapy is directed at reducing anal tone. Standard conservation care leads to fissure healing in about half of all cases. Novel nonoperative options include use of topical sphincter relaxants and locally injected Botox early reports on both these therapies are promising, although the glyceryl trinitrate has varied significantly in the reported rates of healing, relapse and side effects. Topical agents such as calcium-channel blockers may be as effective as glyceryl trinitrate but cause fewer side effects. Presently, neither appropriately diluted glyceryl trinitrate not topical calcium-**

**channel blocker preparations are commercially available in the United States.** ***( Knight, et al 2001 )*** **.**

**Surgery is highly successful in the management of anal fissure. In the United States, virtually all authorities advocate LIS as operation of choice. This operation has been associated with minor continence alterations in a minority of patients in series that have carefully scrutinized their functional results. Anal dilation still has proponents, but it is poorly standardized, with a risk of sphincter damage and incontinence after excessive stretching.** ***( DasGupta et al 2002 )*** **.**