Case 75 An agonizing anal verge

A 40-year-old man attended the rectal clinic complaining of 'painful piles'. When a careful history was taken, this revealed that his symptoms were of 6 weeks of excruciating pain every time he opened his bowels. This was often accompanied by a few drops of bright red blood seen on the lavatory paper. The pain was so bad that he tried to avoid evacuating his bowels, but this just made things worse. Now he had become constipated and passing the resultant hard stools was agonizing.

Apart from a right-sided hernia repair 5 years before, he was otherwise well and had never previously had any bowel symptoms.

When a patient complains of severe anal pain, what common conditions must you consider in your differential diagnosis?

- Fissure in ano.
- Strangulated haemorrhoids (see Case 73, p. 147).
- Perianal haematoma (see Case 74, p. 148).
- Perianal abscess (see Case 76, p. 152).
- Carcinoma of the anal verge (see Case 80, p. 162).

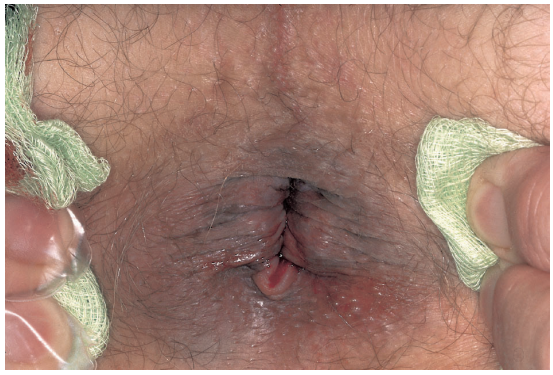

Figure 75.1 A fissure in ano.

- Proctalgia fugax – attacks of severe anal pain without obvious pathology.

The surgeon now proceeded to examine the patient. Apart from a well healed scar from a right inguinal hernia repair, there was nothing to find on general examination. The surgeon then asked the patient to lie in the left lateral position with his knees drawn up. When the buttocks were gently drawn aside, the lesion shown in Fig. 75.1 was revealed. The patient was very apprehensive, but the surgeon reassured him that he was only going to inspect the area and was not going to perform a rectal examination.

What pathology has been exposed?

An anal fissure (fissure in ano) – a tear at the anal verge. Note also the associated skin tag (the sentinel pile) which is the torn tag of anal epithelium that 'points' to the fissure. The great majority of these fissures occur, as in this case, in the 6 o'clock position, directed towards the coccyx. Occasionally, especially in the female, it may occur in the 12 o'clock position.

Why did the (kind hearted) surgeon not perform a rectal examination at this stage?

The area is exquisitely tender. Moreover, the external anal sphincter is in marked spasm in this condition and examination would, in any case, be pretty well impossible.

If multiple fissures were seen at the anal verge, what underlying pathology would you suspect?

This is typically encountered in Crohn's disease of the large bowel.

How is this condition treated?

An early small fissure may heal spontaneously. This is aided by relieving pain with an analgesic ointment, giving a lubricant laxative and prescribing hot baths. Relaxation

of the internal anal sphincter may be achieved by applying 2% diltiazem or 0.2% glyceryl trinitrate (GTN) cream. If that is unsuccessful then a 'chemical sphincterotomy' with injection of botulinum toxin to relax the sphincter usually allows healing to take place. If these methods fail, internal sphincterotomy can be considered, but carries the risk of incontinence of flatus and faeces, particularly in parous women whose sphincter may have been damaged years before in childbirth.