The motivation to develop alternatives to lateral internal sphincterotomy for the treatment of anal fissure rests mainly on the risk of anal incontinence following the procedure. In recent years, pharmacological treatment with smooth muscle relaxants has been the most widely studied. Surgical alternatives have taken the form of flap procedures that purport to heal fissures by resurfacing and revascularization. In this issue of the Asian Journal of Surgery, Singh et al reports a case series using a rotational flap procedure. The series, though small, describes treatment of chronic anal fissure without impairment of continence. The paper does not make it clear how successful the rotation flap was in healing anal fissure. In two of their 14 patients, the anal fissure failed to heal. A randomized comparison with internal sphincterotomy would have been useful in determining technical superiority. A randomized controlled trial comparing an advancement flap with internal sphincterotomy in the treatment of anal fissure showed no statistical difference in healing rate between the two. There was a trend towards non-healing in the flap procedure group due to flap failure. Interestingly, no incontinence was reported in either group.

There has been a tendency to over-emphasize the risk of incontinence following internal sphincterotomy. A 2% rate of anal incontinence has been reported with tailored sphincterotomy where there was careful attention to the amount of sphincter divided. A prospective trial of lateral internal sphincterotomy reported by Hyman showed similarly low rates of incontinence, with even fewer patients reporting an impairment in quality of life. Despite the grim prognostication of advocates of medical and flap alternatives, lateral internal sphincterotomy is some way from becoming a relic of surgery for anal fissure.

Flap procedures have a role in the treatment of anal fissure in cases where incontinence is a genuine risk following sphincterotomy. Examples of this would include female patients with short anal canals and the elderly or multiparous who already have a degree of impaired anal continence.

References


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