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لم ترد بالأصل

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EVALUATION OF CLOSED LATERAL INTERNAL SPHINCTEROTOMY IN TREATMENTOF CHRONIC ANAL FISSURE AS ONE DAY CASE SURGERY

Thesis

Submitted To The Faculty Of Medicine Tanta University In Partial Fulfillment Of The Requirements Of Master Degree .

In

General Surgery

B17369

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2003

((بسم الله الرحمن الرحيم))

(يرفع الله الذين أمنوا منكم والذين أوتوا العلم درجات)

صدق الله العظيم

سورة المجادلة (١١)

Acknowledgement

First of all and above ALL , great thanks to Allah for creation , Islam and for being a surgeon .

I wish to express my deep gratitude to Prof. Dr. Mostafa Abd El kader El Tablawy Professor of Gastrointestinal and Endoscopic Surgery, Faculty of Medicine, Tanta University, for his kind help experienced guidance and meticulous supervision that made the completion of this work possible

My sincere thanks and special appreciation to assist. Prof. Dr. Gamal Ibrahim Moussa Assist. Professor of Gastrointestinal and Endoscopic Surgery, Faculty of Medicine, Tanta University, for his helpful suggestion, instructive supervision and experienced guidance throughout the whole work.

My sincere thanks and special appreciation to Dr. Osama Helmy El khadrawy Lecturer of Gastrointestinal and Endoscopic Surgery, Faculty of Medicine, Tanta University for his continuous help and close supervision during this work

I would like to extend my thanks to my patients, my colleagues and to the nurses and workers in the general surgery department who all participate sincerely in completing this work.

To my family any success
is attributed
and
To my family every success
is dedicated

Abbreviation

AIDS : Acquired immunodeficiency syndrome .

CIS : Closed internal sphincterotomy.

EAS : External anal sphincter.

cGMP : Guanosine-3,5-cyclic monophosphate.

GTN : Glyceryl trinitrate.

IAS : Internal anal sphincter.

MARP : Maximum anal resting pressure.

OIS : Open internal sphincterotomy.

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Anal fissure is defined as a painful, longitudinal defect in the lining anoderm of the anal canal . Anal fissures generally extend from just below the dentate line to the anal verge. They may be acute and superficial or chronic, displaying exposed muscle fibers, fibrotic undermined margins, a redundant "sentinel" skin tag, and frequently anal papilla. Fissures are the most common cause of painful anal bleeding and frequently produce pain out of proportion to the size of the lesion. Fissures frequently occur in infants and children and represent the most common cause of anal bleeding in this age group ***(Connor, 1975).***

Anal fissures are consistently located in the posterior midline in 99% of men and in 90% of women. The majority of the remainder is located anteriorly. Lesions found in other locations should arouse suspicion of an associated underlying disease process (e.g., inflammatory bowel disease). ***(Goligher, et al., 1985,b).***

The etiology of anal fissure is unclear and probably multifactorial. It has been postulated that trauma, anal canal anatomy, sphincter dysfunction, and ischaemia may be contributory. But patients tend to have a high maximum anal resting pressure (MARP) which if reduced leads to fissure healing and increase blood flow to the fissure ulcer ***(Schouten et al., 1994).***

Fissure- in-ano in its acute form should be treated conservatively but if the symptoms are intolerable, or if the fissure becomes chronic, surgical intervention is indicated as it offers shorter hospital stay, rapid wound healing, low recurrence rate and no permanent defect in the anal continence. Surgical sphincterotomy is an excellent procedure for the

long term management of chronic anal fissure, it probably works by reducing (MARP) by as much as 50percent ***(Ray et al., 1974)*** and ***(Watson et al., 1996).***

Lateral internal sphincterotomy is highly effective in treatment of chronic anal fissure but it may be associated with significant permanent alteration in continence. Closed internal sphincterotomy (CIS) is preferable to open internal sphincterotomy (OIS) because it effects a similar rate of cure with less impairment of control ***(Garcia-Aguilar et al., 1996).***

REVIEW OF LITERATURE

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