Invited Commentary

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Chronic fissure in ano is not the result of a non- or maltreated acute fissure. It has a specific pathogenesis nearly in all cases caused by infected crypts and/or underlying fistulas. However, most of these fistulas are incomplete, running subcutaneously or moreover inter-sphincteric-superficially. They can be identified by signs of cryptitis, e.g. expression of a drip of pus, scarred verge of the crypt with a central dent, hypertrophic anal papilla in the surroundings, a spot-like pigmentation at the basis of the sentinel tag, sometimes with infundibular fixation. On the other hand, the case of a pyogenic presentation of the fistula, as described by Deutsch et al., is the exception. If so, the fissure-like lesion often results from an intra-anal perforation of cryptal or inter-sphincteric abscess. Furthermore, there are patients with a history of fissure complaints, where the fissure was closed, even by means of lateral sphincterotomy, but continuing nearly identical pain is related to the persisting fistula.

There is no doubt that cryptitis and subcutaneous or intersphincteric fistula may lead to chronic fissure formation. In our patients (n = 320) these conditions were found in 98%, suggesting that the missing 2% are due to diagnostic error rather than exception from the rule. The first step in the pathogenesis is anal irritation, leading to a spastic sphincter (pain!) and in combination with inflammatory anodermal involvement (or perforation of the infection) will cause the fissure. However, sphincter spasm is not as predominant as in acute fissure. On the other hand, I do not have the impression that the opposite pathway from a fissure to a fistula is possible, as claimed by the authors. How should this work?

C. Considering the pathogenesis therapy has to be excision of the fistula with the overlying fissure. Remaining sclerosed sphincter fibers in the bottom of the exposed sphincter have to be dissected in order to obtain complete elasticity of the sphincter. However real sphincterotomy posterior or lateral as well is unnecessary.

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