CHRONIC CONSTIPATION AS A CAUSE RECURRENCE OF CHRONIC ANAL FISSURE AT POST-HOSPITAL STAGE

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For today chronic anal fissure (CAF) ranks second after hemorrhoid prevalence of chronic diseases among the anorectal region. CAF usually occurs on the background of constipation due to chronic proctitis, dysbiosis, and irritable bowel syndrome. Chronic inflammation of the anorectal area leads to loss of elasticity of the mucosa and a violation of reparative processes at its traumatizing hard fecal lumps. Development of methods for the prevention of recurrence of the disease is an actual despite the variety the existing methods of surgical and conservative treatment of CAF.

Objective. To examine the role of chronic constipation in the process of chronic anal fissure recurrence in previously operated patients.

Materials and methods. We have analyzed 18 case histories of recurrent CAF in patients who have been operated for 1-3 years to recurrence.

Results and discussion. Analysis of adverse results showed that in all cases with recurrent CAF persisted constipation, correction of which could not be reached. Half of the patients had used purgative medications sporadically, only at long (more than two or three weeks) constipation. The other half of the patients did not take purgatives medicines in general, using only diet. However, the patients feeding regime can not be called dietary in 12 cases out of 18 cases. Patients did not eat a sufficient amount of fruits, vegetables, dietary fiber, cultured milk foods. The amount of fluid consumed was also been insufficient. The intensity of the motor activity of patients has also been insufficient. Preparations Senna prevailed among purgative medications, which still sometimes used by the patients. Osmotic purgative medications, prokinetics, microclysters were recommended to the patients for the stimulation of propulsive intestinal motility. However, these drugs are used very rarely and short time, or not used at all.

Also a condition of the intestinal flora was assessed in all patients. Intestinal dysbiosis of different stages of severity was detected in 100 % of the patients with recurrent CAF. Patients did not use medicines for the normalization of intestinal flora at all (11 cases – 61.1 %) or used a very short time (7 cases – 38.9 %).

Conclusions. The main reasons for recurrence of CAF is uncorrected constipation at post-hospital stage of treatment. Prevention of constipation, bowel motor function correction, normalization of intestinal flora and non-drug treatments are the basis for the prevention of recurrence of CAF in patients who have been operated on this occasion.