Evaluation of the efficacy of topical hydrocortisone in the treatment of rectal fissure in patients undergoing pharmacological treatment referred to Fatemi Hospital and Kowsar Clinic of Ardabil Medical Sciences in March 2020 to September 2020

Abstract:
Background: Anal fissure is a anodermal tearing under dentate line. Pathophysiology of fissure seems to be related with passing of hard stool or prolonged diarrhea. The cycle of pain and ischemia and spasm lead to nonhealing ulcer and acute fissure changes to chronic fissure. Because of high prevalence of this problem and lack of studies for comparison of different local treatments for that and mention of corticosteroid as a part of treatment we decided to this study for comparison of pain response in this patients to routin treatment with Diltiazem and response to combination of hydrocortisone and Diltiazem.


Materials and Methods: The basis for selecting patients as chronic Fischer was clinical examination by a Specialist surgeon and the existence of characteristics related to chronic fissure. The approach to treatment was that 100 patients were randomly treated with the usual prescription of treatment including diltiazem gel 2% and in case of constipation were treated with lactulose and psyllium syrup and another 100 people were randomly treated with the usual prescription using the same method as the first group with the use of 1% hydrocortisone ointment three times a day at a rate of 0.4 g. It should be noted that the researcher did not know the type of prescription for each patient and the treatment was started randomly by the professor for the patients.

Results: The rate of pain relief from concomitant use of hydrocortisone ointment with diltiazem gel during the first week of treatment was significantly better than the diltiazem treatment group alone. Response to treatment after about 2 weeks of treatment between each two groups were similar and without significant differences. Response to treatment in both treatment groups was not significantly related to age, sex and level of education.

Conclusion: The combination therapy of a topical corticosteroid in this study with hydrocortisone with routine treatment with a calcium channel blocker in this study was diltiazem gel at the beginning of medical treatment for chronic fissures during the first week of treatment leads to a faster response to pain relief. There was no significant difference between the two groups in the long term within 2 weeks of starting treatment.

Key words: anal fissure-hydrocortisone