Internal anal sphincter evaluation using 3D anal ultrasound

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CASE REPORT

A 42 year-old male, with no relevant medical history except surgery three years before for chronic anal fissure in another center (without information regarding type of surgery), attended outpatient clinic for several week-history of anal pain. The patient related a sudden anal pain without irradiation and without relationship with defecation that improved with flexion of the lower extremities. On physical examination, the patient has no pain and there were no relevant findings. 3D endoanal ultrasound showed a defect in the internal anal sphincter on the left half of the anal canal (Figs. 1 and 2). This image was highly suggestive to be secondary to have been operated using a lateral sphincterotomy technique. The patient was diagnosed with chronic idiopathic anal pain type Proctalgia fugax and he was successfully treated with topical diltiazem.

DISCUSSION

To study the morphology of internal anal sphincter, 3D endoanal ultrasound is a suitable technique (1). The internal anal sphincter assessment is necessary in different clinical situations. Specially, in those patients in whom there is a history of previous anal surgery for anal fissure and anal pain could permit to consider as anal fissure recurrence (2). This technique
allows, depending on the appearance of internal anal sphincter, to consider whether the patient has been properly operated (internal sphincterotomy technique) (3,4). The presented case was finally diagnosed with chronic idiopathic anal pain (type Proctalgia fugax), which is very common that patients have previously undergone surgery for anal fissure. Thus, outcome was favorable with medical treatment, as it has been described (5). In cases of poor outcome with medical treatment, some alternatives like biofeedback may be considered (5).

REFERENCES