

Identification of a new syndrome: ASS-SSA or anal sphincter syndrome



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AIM: The author proposes a new, original Syndrome, observing the relationship between some of the most frequent anal pathologies, apparently different from each other in terms of morphological aspect and symptomatologic expression, but united by the same pathogenic cause, represented by the hypertonicity of the anal sphincter apparatus.

There are already descriptions of other "syndromes" of the pelvic floor, inaccurate and subject to different interpretations. The proposed syndrome, instead, called Anal Sphincter Syndrome - ASS (in Italian SSA - Sindrome dello Sfintere Anale) presents clarity on the determining cause (sphincter hypertonicity) and descriptive simplicity, including only two well-defined pathological conditions: anal fissure and anal thrombosis; other ancillary conditions or symptoms are inconstant-ly possible, but not decisive.

The author will present, as soon as possible, in subsequent works, a retrospective study (still to be completed) on a wide personal case history, dating back to the 1990s.

KEY WORDS: Anal sphincter hypertonia, Anal thrombosis, Anal fissure, Syndrome, Proctology, Somatization

Introduction

Some acute or chronic/recurrent pathologies are observed in proctology, apparently different, but which, upon careful analysis, all respond to the same determining cause represented by a hypertonic state of the anal sphincter (during the treatment simply called "sphincter"), permanent or variable over time.

These conditions are usually recognized as isolated and well-defined diseases and as such treated, according to guidelines, but with wide variability based on the personal convictions of the caregiver.

Diagnosis and therapy, today, are often conditioned more by the search for originality, by the use of technologically advanced devices and, at times, by financial income, rather than by the necessary essentiality aimed at resolving the disease.

Without prejudice to the concept of the necessary evolutionary studies in every field of medical research, it is pointed out that common sense and a good understanding of a problem are always the basis of the most effective treatments.

The comparative observation of some pathologies can lead to the identification of aspects and, above all, of common causes, so much so as to be able to direct the treatment of different pathological aspects, on a common path and, consequently, identify a "syndrome" which in the following will be called, with English acronym "ASS" - Anal Sphincter Syndrome or with the Italian one "SSA" - Sindrome dello Sfintere Anale, with the possibility of joining the two acronyms in an "ASS-SSA" palindrome, useful for mnemonic purposes.

There are already descriptions of associations of pathologies affecting the pelvic floor, such as the Descending Perineum Syndrome, the Levator Ani Syndrome, the

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Puborectalis Syndrome (Anismus), the Chronic Pelvic Pain Syndrome, but all of these have many variables, in terms of symptoms and organs involved and, above all, are subject to interpretation according to the point of view of specialist observation (Gynaecological, Urological, Proctological, Neurological) with imprecision or confusion between the various dysfunctions which does not make the real configuration of a syndromes.

ASS-SSA represents a real syndrome that focuses on the hypertonic dysfunction of the anal sphincter apparatus, both in the striated muscle component (external sphincter, puborectalis, levator ani, joint longitudinal muscle) and in the involuntary smooth one (internal sphincter), as the determining cause.

Materials and Methods

The retrospective study (still ongoing) is based on the author's personal case history from 1994 to today, with over 14,000 surgical procedures performed in more than 6500 patients who, in over 50% of cases, were proctological patients.

From 2009 to today, the activity has turned, almost totally, towards the specific procto-perineological field (> 75%), leading to observe approximately 500 patients per year with interventions of the procto-perineological type at 90.8 %.

After conclusion of the data analysis, in subsequent works, the statistical results of the study will be presented.

Preliminarily it can be reported that patients with indication for proctological surgery undergo more than one surgical procedure in the same session in a percentage roughly close to 20%, and that, in more than 10%, the intervention provided for the simultaneous treatment of a fissure (excision) and a thrombosis (thrombectomy) coexisting.

In all these cases, with rare exceptions, a sphincter tension release procedure (regulated sphincterotomy or anal-stretching) has always been performed.

SSA has been deduced, based on anamnestic data, in about 30% of patients, both operated and undergoing conservative therapy.

Discussion

Once the basic principles of the SSA have been established, with an accurate anamnestic collection, it becomes easy to highlight the elements of the syndrome on the basis of the characteristics of the "current" pain reported by the patient, compared with the previous episodes of overlapping or different situations, but attributable, in each case, with sphincter hypertonicity.

Over a century ago Sigmund Freud, admirably, reported a close links between the anus and the psyche.

One of the most frequent, least known and undervalued "somatizations" is represented by the defensive instinct to close the anal sphincter under a strong emotion: this happens normally, for a brief moment, when, for example, an explosion occurs, so as happens for other orifices and sphincters (eyes, ears, mouth, pharynx, larynx, etc.); if the anal sphincter contracture attitude, on the other hand, is implemented in response to any stressful situation, therefore in an intense and prolonged manner over time, the abnormal pressures inside the anal canal can lead to an obstacle to blood flow, with congestion and thrombosis and / or ischemic lesions such as fissure.

Once the pain is triggered, this, in a vicious circle, keeps the process active indefinitely.

Only if this root cause is sensed it will be possible to set an appropriate treatment, primarily based on the removal of the hypertonic condition. (The deepening of the therapeutic aspects is beyond this treatment and will be the subject of future articles).

Conclusions

The primus movens of the SSA is represented by the sphincter hypertonicity.

This is the cause of secondary pathologies: anal fissure (ischemic lesion) and the congestive-thrombotic crisis (circulatory stasis).

The fissure and the thrombosis present either separately or at different times or coexist simultaneously in the same patient, closely adjacent to each other (eg fissure with "sentinel" thrombosis) or in different locations in the anal circumference.

A single episode of anal thrombosis or fissure, in the course of life, without continuity or recurrence tendency, does not define "syndrome".

The chronicity or recurrence of a single aspect does not configure syndrome.

There is talk of SSA when there is a sphincter hypertonicity that sustains recurrent thrombosis or anal congestion, with association of at least one episode of anal fissure in clinical history; SSA also identified by a chronic anal fissure which, in time, is also associated with a single thrombotic episode.

Therefore, thrombosis and fissures, must occur simultaneously or with a not excessively spaced recurrence, otherwise they are only individual episodes that cannot be related. Hypertonia must always be present and decisive.

Definition

Anal sphincter syndrome "ASS-SSA": chronic trend or recurrences of fissures and anal circulatory crises, both present at least 1 time in life, even if not simultaneously, sustained by hypertonic state of the sphincter

apparatus + symptomatic association of characteristic proctalgia, frequent anxious state, high impact on QoL.

Riassunto

L'Autore propone una nuova Sindrome, originale, osservando lo stretto rapporto esistente tra alcune delle più frequenti patologie anali, apparentemente diverse tra loro come aspetto morfologico ed espressione sintomatologica, ma accomunate da una stessa causa patogenetica, rappresentata dall'ipertono dell'apparato sfinterico anale.

Esistono già descrizioni di altre "sindromi" del pavimento pelvico, piuttosto imprecise e soggette a interpretazioni diverse.

La sindrome proposta, invece, denominata in inglese ASS - Anal Sphincteric Syndrome e in italiano Sindrome dello Sfintere Anale (SSA nel corso della trattazione) presenta chiarezza in merito alla causa determinante, l'ipertono sfinterico e semplicità descrittiva, comprendendo solo due condizioni patologiche ben definite: la ragade anale e la trombosi anale; altre condizioni o sintomi accessori sono, incostantemente, possibili, ma non determinanti.

L'Autore si riserva di presentare, in lavori successivi, uno studio retrospettivo (analisi dei dati ancora da completare) su una vasta casistica personale, risalente agli anni '90.

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