

Anal Fissures: A Quick Guide to Diagnosis

Misdiagnosis is common, but correct identification and appropriate treatment can offer relief and promote healing¹

Patient history and assessment²

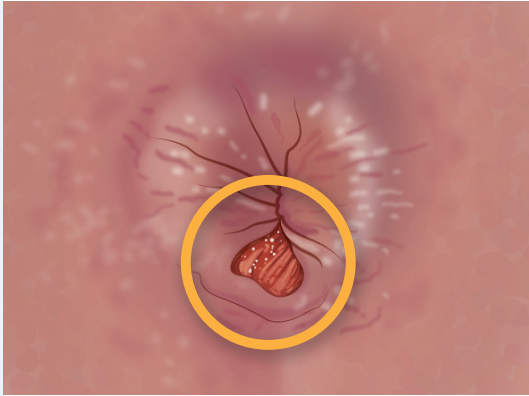
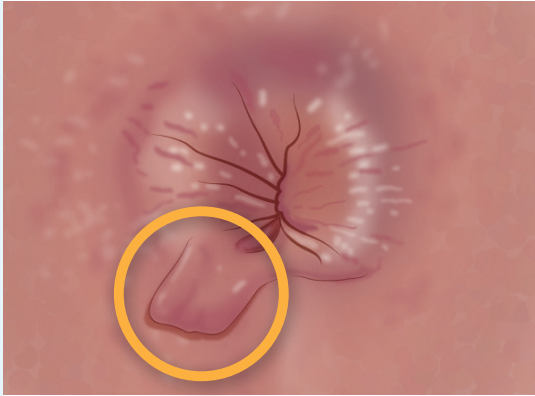
- Physical examination, including a digital rectal exam (DRE), if possible
- Detailed patient history, including previous endoscopy findings
- Consider patient eligibility for colon cancer screening

Red flags²

Follow local protocols for referrals and interventions for red flags such as:

- Mass on DRE, anal fistula, suspected/known Crohn's disease
- Significant rectal bleeding/frequent bloody diarrhea
- Patients who feel generally unwell/exhibit fever or chills

Diagnosis

		Anal fissure Anal mucosa tear from the dentate line to the anal verge, usually in the posterior midline ^{3,4}	
		Acute AF¹ (<6 weeks' duration)	Chronic AF¹ (≥6 weeks' duration)
Presentation			
		<ul style="list-style-type: none"> • Appears like a fresh, longitudinal laceration¹ 	<ul style="list-style-type: none"> • Commonly presents as a sentinel pile at distal end of fissure¹ • Feels rough, raised or fibrotic in mid-distal anal canal³
Symptoms		<ul style="list-style-type: none"> • Intense, sharp pain during defecation; pain that persists after defecation^{3,5} • Pain may persist for an hour or more⁵ • If bleeding: bright red, usually low volume³ 	
Causes		<ul style="list-style-type: none"> • Trauma (e.g., constipation, diarrhea, etc.), ischemia or elevated anal pressure³ 	

References: 1. Gerbasi L, Ashurst JV. Anal Fissures. StatPearls. Updated September 15, 2025. Accessed November 6, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK526063> 2. Alberta Health Services. Provincial perianal disease primary care clinical pathway. Alberta Health Services website. Updated July 2025. Accessed November 6, 2025. <https://www.albertahealthservices.ca/assets/info/aph/if-aph-prov-perianal-disease-primary-care-pathway.pdf>. 3. Foxx-Orenstein AE, Umar SB, Crowell MD. Common anorectal disorders. *Gastroenterol Hepatol.* 2014;10(5):294-301. 4. Cohee MW, Hurff A, Gazewood JD. Benign anorectal conditions: evaluation and management. *Am Fam Physician.* 2020;101(1):24-33. 5. Gallo G, Trompetto M. Clinical evidence and rationale of topical nifedipine and lidocaine ointment in the treatment of anal fissure and hemorrhoidal disease. *Minerva Surg.* 2025;80(2):177-192.



Distributed by:

Seaford Pharmaceuticals Inc.
 29-1530 Drew Road, Mississauga, Ontario, Canada
 © 2026 Seaford Pharmaceuticals Inc. All rights reserved.
 AFC-012 MAR 2026