Feature	Hemorrhoids	Anal Fissure
<b>✓</b> Definition	Dilated anal cushions (normal	A small tear or crack in the skin of
	vascular structures present in	the anal canal
<b>A</b> -	everyone)	
<b>P</b> Location	Internal: above dentate line	Most commonly in the <b>posterior</b>
	External: below dentate line	midline(sometimes anterior in
W NI C I	Tudamal Minamal and Indian	women, especially postpartum)
Nerve Supply	Internal: Visceral   painless  Future all Semestic   painful if	Covered by somatic nerves →
	External: <b>Somatic</b> → painful if thrombosed	extremely painful
<b>6</b> Key Symptoms	Painless bright red bleeding,	Severe sharp/burning
Key Symptoms	prolapse, pruritus, occasional	pain during & after defecation, +
	discharge	bright red bleeding on stool/toilet
	disenarge	paper
<b>△</b> Complications	Thrombosis, strangulation,	Chronic fissure, sentinel pile,
Complications	ulceration, possible incontinence	hypertrophied papilla, submucosal
	after surgery	fistula, pain-induced constipation
<b>Diagnosis</b>	Clinical + anoscopy / proctoscopy	Clinical inspection only
8	/ colonoscopy if needed	
Grading	Grade $1 \rightarrow$ bleeding only	No grades – but classified
	Grade $2 \rightarrow \text{prolapse}$ , reduces	as Acute or Chronic
	spontaneously	
	Grade $3 \rightarrow$ needs manual	
	reduction	
<b>=</b> _	Grade $4 \rightarrow$ irreducible prolapse	
<b>Types</b>	_	Acute: recent, smooth
		Chronic: fibrotic, sentinel pile,
Pri / Di l	Constinution studioine diamber	hypertrophied papilla, +/- fistula
Etiology / Risk	Constipation, straining, diarrhea,	High anal resting pressure (\pressure are specially constitution traying)
Factors	pregnancy, aging, prolonged standing, ↑ intra-abdominal	perfusion), constipation, trauma, IBD (Crohn's), HIV, infections
	pressure	IBD (Ciolli s), III v, illections
<b>Conservative</b>	High-fiber diet + Sitz baths +	High-fiber diet + Sitz baths + local
Treatment	topical creams (vasoconstrictors,	anesthetics or soothing ointments
	protectants, corticosteroids)	
/ Medical	Topical agents only (no muscle	GTN ointment, Diltiazem,
Treatment	relaxants typically)	or <b>Botulinum toxin</b> to relax
		internal sphincter
<b>☐</b> Office	Rubber band ligation (RBL),	None
Procedures	sclerotherapy, infrared	
	coagulation, cryotherapy (rare)	
<b>6</b> Surgical	Hemorrhoidectomy (open, closed,	<b>Lateral Internal Sphincterotomy</b>
Treatment	laser, stapled)	(LIS) = gold standard
		Other options: fissurectomy, V-Y
		advancement