
LETTERS TO THE EDITOR

Mr. Editor:

With great interest we have read the article by Amarillo et al. entitled “Efficacy of the use of topical tadalafil in the treatment of anal fissure”.¹ This work aimed to evaluate the safety and efficacy of the use of topical tadalafil for the medical treatment of anal fissure. The authors concluded that tadalafil has a high cure rate and symptomatic resolution, with almost no side effects. In the cases that failed, surgery resolved the condition. Other comparative studies with other pharmacological and/or surgical methods could confirm these results. Anal fissure is one of the most frequent causes of consultation in proctology. Although there is sufficient evidence for several treatments, new procedures and the search for drugs that can improve quality of life and prevent recurrence and subsequent operation are still being studied. Therefore, we consider that this work is a good contribution as an alternative treatment.

There is documented evidence that anal fissure is a painful condition and that it may be associated with hypertonia of the anal sphincter. Decreasing anal canal pressure is the basis of medical and surgical treatment. The different therapeutic options have evolved considerably and currently include drugs that decrease the tone of the anal sphincter. Surgery is indicated in cases of recurrence and chronic fissures. Lateral internal sphincterotomy continues to be the gold standard treatment.²

The topical use of tadalafil has been reported as a treatment for erectile dysfunction.³ Its use for anal fissure has also been reported by other authors. A study of 726 patients concluded that the initial management of choice for acute and chronic anal fissures is medical treatment and that topical tadalafil had the lowest failure rate compared to nitroglycerin and anesthetic and corticosteroid creams.⁴

Corticosteroids and local anesthetics are used to relieve different symptoms, especially in anal conditions. Corticosteroids reduce the synthesis of inflammatory mediators, however, local anesthetics achieve immediate relief after their application.⁵

In conclusion, topical preparations containing corticosteroids and local anesthetics provide pain relief, so a synergistic effect is achieved with the combination of both components. If an active ingredient such as tadalafil is added to this combination, a greater benefit could be generated by acting on the relaxation of the sphincter muscles, so the cure of the anal fissure cannot be directly attributed to a single active component. To verify the effect of the drug, a study could be carried out with a control group.

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Mr. Editor:

We thank the Editorial Committee for publishing the letter sent by Acco Gavilan, et al. from Lima about our experience in the use of topical tadalafil for the treatment of anal fissure. We agree on several aspects mentioned in that letter.

Although it is impossible to know which of the components of the preparation affects or improves the symptoms of the fissure, for our work we used the original formula described and published by Nuñez ,et al. The beginning of our experience with this preparation is a fundamental step in our opinion to independently validate its safety and efficacy.

However, there are observations arising from clinical practice where tadalafil is clearly the main component contributing to clinical improvement. Therefore, at the time of publishing our experience, we have started a new study group that uses only tadalafil in the formula. New answers will emerge from there.

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