

(21194) - EXTERNAL VALIDATION OF THE REALISE SCORE FOR ASSESSING BOTULINUM TOXIN INJECTION EFFICACY IN THE TREATMENT OF CHRONIC ANAL FISSURE.

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Background: Botulinum toxin injection (BT) is a valid nonsurgical treatment for refractory chronic anal fissure (CAF). Recently, the scoring system for Anal fissure (REALISE) was developed and internally validated to assess the severity of anal fissures. We aimed to externally validate REALISE for the assessment of the efficacy of BT for CAF treatment.

Methods: Retrospective cohort-study which included adult patients treated with BT for CAF. Patients with inflammatory bowel disease were excluded. Patients' demographic, clinical and BT procedure related data were recorded. REALISE (4-30 points) consists of the sum of pain intensity item (0-10 points using a visual analogue scale), and other four items scored from 1 to 5 (impact on quality of life, duration of anal pain, and frequency of analgesic intake and anal bleeding). It was calculated before (pre-BT) and after three months (post-BT). Pre-BT, post-BT, pre-post-BT mean difference were compared with objective evidence of fissure healing (FH) by clinical examination at three months after BT.

Results: Of 75 patients, 66.7% were female with a mean age of 51 years. We observed a mean pre-BT REALISE of 14.0, mean pre-post-BT mean difference of 8.0 and mean post-BT REALISE of 6.0. FH was achieved in 51 (68.0%) patients. One (1.19%) patient reported transient fecal incontinence. Although mean pre-BT REALISE was similar (13.8 vs 13.6, $P = 0.810$), post-BT REALISE (10.4 vs 4.1, $P < 0.001$) and pre-post-BT mean difference (3.5 vs 9.5, $P < 0.001$) were significantly different between patients without and with FH, respectively. A post-BT REALISE cut-off of ≥ 5 had an excellent performance (area under the curve of the receiver operating characteristic of 0.951, 95% confidence interval, 0.883-1.000) to predict absence of FH, with a sensitivity of

87.5% and specificity of 99.8%.

Conclusion: BT injection is a valid and safe option for the treatment of CAF, with a 3-month FH rate of 68%. We demonstrated that REALISE is a reliable clinical score for assessing the severity of anal fissures. Patients who achieved FH showed a higher decrease in REALISE after BT and a lower post-BT REALISE than patients who did not achieve FH. Moreover, by using a post-BT REALISE cutoff of ³ 5, it was possible to accurately identify patients without FH at physical examination.

Palavras-chave : Fissura anal, Toxina botulínica, Score de gravidade clínica