

TOPICAL COMBINATION MEDICINES FOR ANAL FISSURE TREATMENT IN UKRAINE: THE FEASIBILITY OF ESTABLISHING

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Introduction. Chronic anal fissure (CAF) is one of the most common diseases of the proctological profile and second after hemorrhoids and colitis. According to many authors AF is found in more than 2% of the adult population, which defines it as one of the most common human diseases.

The aim – to analyze the feasibility of creating new topical dosage forms based on the analysis of current approaches to the treatment of CAF.

Methods. Analysis of literature data and assortment of proctologic medicines in the Ukrainian pharmaceutical market.

Results. The main methods of treatments for CAF are surgical and conservative, aimed at breaking the "vicious circle" of pathogenesis: pain and spasm of the internal anal sphincter (IAS) → impaired blood flow in the area of crack → inhibition of healing. Surgical treatment (sphincterotomy) along with high efficiency has several disadvantages: high incidence of complications, anal incontinence up to 35% after lateral subcutaneous sphincterotomy, incontinence up to 10.2%, scar canals of the anal canal. Therefore, for the first-time treatment of CAF, conservative therapy with the use of drugs capable of reducing IAS tone: botulotoxin, nitrates, and calcium antagonists (nifedipine and diltiazem) is preferred. It is clinically proven that topical dosage forms of nitrates and diltiazem are more effective and safer than oral ones, and diltiazem has a superiority over nitrates among topical drugs on the safety profile. In order to more effectively influence the pain component of blood pressure, it is advisable to introduce topical dosage forms of local anesthetics, and to accelerate the healing of the defect of the anal canal – drugs of reparative action.

The analysis of the pharmaceutical market in Ukraine shows the complete absence of topical drugs, the composition and action of which would be consistent with modern approaches to pharmacotherapy of AF, in particular with diltiazem, which can reduce the tone of IAS.

Conclusions. In view of the above, it is relevant to develop and implement into clinical practice domestic remedies that would be able to influence on the main links of pathogenesis and clinical manifestations of CAF.