

higher than in other study done in Europe (52%)^(24,16).

The social culture has great impact on the chronicity of the anal fissure in our society. Females are unlikely to consult a doctor during early appearance of the symptom. (47.6%) of cases had visited the doctor only after one year after symptoms appearance while (24%) after five years. In a study in Europe, (95%) of cases has visited their general practitioner in the earliest appearance of the symptoms, while only (0.1%) of cases did so after one year^(25,26).

Anal pain was the commonest symptom in all cases, constipation (64%), bleeding per rectum (55.2%). This was similar when compared with a study result in Europe^(27,28).

(51.6%) were anteriorly located fissures, (48%) posteriorly while (0.4%) were lateral. While in a study, (90%) were posteriorly and (10%) were interiorly located fissures⁽²⁹⁾.

In conclusions, many factors contribute to the occurrence of anal fissure among females such as social, educational and place of delivery. In order to overcome such problem, it is recommended to increase social awareness about such illness by health education through mass media especially for females during antenatal care with emphasis on those with low education status from rural area. To provide good training for the midwives regarding safe measures during delivery of fetus to avoid development of anal fissure in the future.

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