

CARCINOMA OF THE ANUS: A CASE REPORT

Ruqqiya BB¹, Muhammad Haris Janjua², Saima Jabbar^{3*}

ABSTRACT: Anal carcinoma is uncommon but violent tumor. We currently discuss a 50-years old man with carcinoma of the anus. He had received chemotherapy and radiation therapy, but after completing the treatment the prognosis of the case was not satisfactory. Chemotherapy remains the main method of treating anal cancer that may or may not have metastatic disease. Radiation therapy is for the confined control and to get rid of the signs and symptoms but surgical intervention is the final step to restrict the growth and metastasis of the tumor. In the current case the mass was surgically excised completely.

1. Department of Physiology, Amna Inayat Medical College Lahore

2. Department of General Surgery, Mayo Hospital Lahore

3. Department of Rehabilitation, Green International University Lahore

Corresponding author Email: saimajabbar456@gmail.com

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INTRODUCTION

Anal cell cancer is an uncommon gastrointestinal growth, representing just around 2% of anus and rectum malignant cancer (1). Nearly all anal cell tumors are widely recognized such as skin cell carcinoma and adenocarcinoma. More uncommon types are basal cancer, melanoma, smooth muscle tumor; leiomyo sarcoma and bit of basal cell carcinoma. Although, last is exceptionally uncommon, it is practically significant due to its violent course of illness and the inclination for distant metastasis (2).

CASE PRESENTATION

A 50-years old man visited a private hospital in outpatient department. He was presented with brief history of acute pain, bleeding of rectum, anal lump. He observed increase in urgency and bowel frequency, during last 3 months. He experienced excessive loss of body weight and change in eating habits. He had no previous background and family history. He does not smoke. There was a palpable lump during rectal exam that bleeds when he was touched. No clinical features of intestinal blockade were found. Anal MRI revealed a

4.6 cm tumor in the anterior part of anus (Fig 1). Examination under anesthesia (EUS) showed an anal mass and a biopsy was done. Histopathology Revealed hematoxylin and eosin staining with small

cancerous cells with chromatin nucleus and little protoplasm. During immunostaining,

malign cells showed positivity for CD56 and negative for CAM 5.2 and MNF. The CK7, CK20 and normal leukocyte antigen staining were all negative. These outcomes are steady with primary small cell anal carcinoma. He was not verified for HIV. Tumors biomarkers were not distinguished.

CT and PET scan was done which showed no proof of progression of infection. Mass was surgically excised with spinal anesthesia.

DISCUSSION

Malignant tumors are mostly very aggressive, even if the initial tumor is confined to mucosal layers, there will be metastasis in the lymph nodes, lungs and liver cells (3). A research was done by Bernick et al., highlighted that there was 69% of subjects which were diagnosed with metastatic disease (4). The percentage of people that survive after half year of diagnosed disease was 58% while that of 5 years was 6%. Conversely, 5 years' rate of survival for advance anal cell carcinoma is 50–60% (5). Chemotherapy is the primary therapy for small anal cancer of anus with

or without growth. It depends on cisplatin and large incorporates etoposide, cyclophosphamide, and doxorubicin (6). Radiation treatment is utilized principally for localized control and to reduce the side effects (7). Despite the fact that it is short-lived, the reaction to chemotherapy goes from 70% to 90%. Generally, a good reaction to start treatment relapses rapidly or progresses rapidly, and the median survival time is only 6 to 12 months (8). Although our patient did not present distant metastases, but one year after the treatment, he developed outgrowth at anterior anal region which indicated failure of chemo and radiotherapy as well as immediate need of surgical intervention.

CONCLUSION

Malignant growth of the anus is very rare. The diagnosis requires immunocytochemistry. Even if the response is short-lived, chemotherapy remains the main treatment. Radiation therapy is primarily beneficial for limited control and relieve of symptoms. Despite local control, the prediction about the outcome of this disease is very poor and early distant metastases are common. Early Surgical intervention carries good prognosis in malignant growth of anus without metastasis.

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Figure 1: Anal mass