CASE REPORT

Laparoscopic abdominoperineal resection for the treatment of a mucinous adenocarcinoma associated with an anal fistula

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Abstract

Mucinous adenocarcinoma associated with an anal fistula is a rare oncologic entity which may pose diagnostic and therapeutic challenges for Surgeons and Medical Oncologists. Few reported cases without definite therapeutic guidelines exist. It represents 2–3% of all gastrointestinal malignancies and arises from chronic anal fistulas, ischiorectal or perianal abscesses. We report a case of perianal mucinous adenocarcinoma in a 65-year-old male initially surgically treated multiple times for a recurrent fistula in ano of 5 years duration. He presented with an ischiorectal and a perianal fistula. Incisional biopsy from fistulotomy revealed mucinous adenocarcinoma. Contrast enhanced computed tomography scan and magnetic resonance imaging showed a localized perianal growth of a tumor which was further evaluated with colonoscopy. With no evidence of metastasis, we performed a laparoscopic abdominoperineal resection (APR). Two years follow-up after APR and without adjuvant chemotherapy there is not any evidence of recurrence or distant metastasis.

INTRODUCTION

Perianal fistulas are a very common clinical entity. However, the development of mucosal adenocarcinoma in them, is extremely rare and it is more likely to be related to chronic inflammation, with more than 10 years duration. These carcinomas represent 2–3% of large bowel cancers [1]. There are few case series in the literature, for instance in Japan they represent 6.9% of all anal carcinomas [2]. Clinical suspicion is of paramount importance in diagnosis. Moreover, they may present at an advanced stage. They are often misdiagnosed as for commonly a benign disease and this may lead to a delay in diagnosis. Therefore, early detection is challenging. An incisional biopsy under anesthesia is often needed for histological confirmation of the tumor. Magnetic resonance imaging (MRI) can facilitate the diagnosis and is essential to determine the range of the surgical resection. Abdominoperineal resection is usually performed as the surgical treatment of choice. Combined chemoradiation therapy may improve the outcome of locally advanced tumor [2–4].
therapy was recommended. due to the absence of lymph node metastasis, no adjuvant after the operation. The resection was on clear margins and post-operative course and has no recurrence nearly 2 years was discharged 20 days after surgery. The patient had a good cinoma, pT2b, N0, pPM0, pDM0, pRM0, pStage II. The patient achieve a better oncologic outcome, since the treatment of these rare neoplasms. The extralavator APR can these carcinomas, it can damage the healing of a wide perineal course. Although neadjuvant radiotherapy is recommended in the cancer is developed has a predominantly extrasphincteric time, more than 10 years pass to develop such a carcinoma.

In conclusion, due to the rarity of this tumor and the lack of sufficient patients for controlled trials, there is no consensus regarding diagnosis and treatment strategies.

CONFLICT OF INTEREST STATEMENT
None declared.

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