Use of an Anal Retractor Device for Excision in Patients with Perianal Extramammary Paget’s Disease

Yuichi Yoshida, Hiroyuki Goto, Reiko Tsutsumi, Osamu Yamamoto

From the Department of Medicine of Sensory and Motor Organs, Division of Dermatology, Faculty of Medicine, Tottori University, Yonago, Japan. E-mail: yxyhifu1@grape.med.tottori-u.ac.jp

Indian J Dermatol 2018:63(5):435-7

Sir,
Extramammary Paget’s disease is a rare malignant skin neoplasm arising in areas rich in apocrine glands, e. g., vulva, scrotum, perianal area, and axilla.[1] Surgery is the first-line treatment for extramammary Paget’s disease.[2] However, it is not easy to excise a tumor that has developed in the perianal region. Herein, we report three cases of perianal Paget’s disease that were successfully treated with an anal retractor device.

Case 1 – A 67-year-old male was referred to us for evaluation of a 2-year history of an erythematous plaque in his left anal region [Figure 1a]. A skin biopsy revealed proliferation of Paget’s cells within the epidermis [Figure 1b]. Since there was no evidence of colorectal cancer by colonoscopy, a diagnosis of primary extramammary Paget’s disease was made. No distant metastasis was found by a computed tomography scan.
We set a plastic retractor around the tumor and then secured a field of view over a deep surgical site by putting elastic stays into the slot of the retractor [Figure 1c]. The lesion was excised and reconstruction was performed with a split-thickness skin graft [Figure 1d and e].

Case 2 – A 66-year-old male was referred to us for evaluation of a perianal erythematous lesion [Figure 2a]. Colonoscopy and a computed tomography scan showed no evidence of colorectal cancer. Based on the histopathological examination, a diagnosis of primary extramammary Paget’s disease was made. Using the device and elastic hooks, we could pull out and excise the lesion in the anal canal with a 1-cm margin under general anesthesia [Figure 2b]. Reconstruction was then performed with a split-thickness skin graft. The resection margins were free of tumor cells.

Case 3 – A 72-year-old male was referred to us for evaluation of an erythematous plaque with erosion around the anus [Figure 3a]. A diagnosis of primary extramammary Paget’s disease was made. The lesion was also surgically excised with the device, and reconstruction was performed with a split-thickness skin graft. There was no recurrence or distant metastasis for 3 years after surgery [Figure 3b].

Extramammary Paget’s disease accounts for <1% of all anal diseases.\(^1\) Surgical excision is a gold standard treatment for extramammary Paget’s disease,\(^4\) but a wide local excision of a perianal lesion is a therapeutic challenge. Although an anal retractor device is commonly used for perianal surgery, there has been no report of its use in perianal Paget’s disease. The device enables excellent viewing of the mucosal lesion by adjusting tension. By the device, it was easier for a surgeon to accurately evaluate the tumor border in mucosal sites without the help of assistants in the prone position.

However, care is needed when hooking elastic stays, since it has been reported that colorectal cancer occasionally recurred at the insertion site of elastic stays.\(^5\)

In conclusion, an anal retractor device is helpful for achieving complete removal of perianal Paget’s disease by securing an operation field in mucosal sites at the time of surgery.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

References
1. Kanitakis J. Mammary and extramammary Paget’s disease. J Eur Acad Dermatol Venereol 2007;21:581-90.
2. Ito T, Kaku-Ito Y, Furue M. The diagnosis and management of extramammary Paget’s disease. Expert Rev Anticancer Ther 2018;18:543-53.
3. Carbotta G, Sallustio P, Prestera A, Laforgia R, Lobascio P, Palasciano N, et al. Perineal Paget’s disease: A rare disorder and review of literature. Ann Med Surg (Lond) 2016;9:50-2.
4. Wollina U, Goldman A, Bieneck A, Abdel-Naser MB, Petersen S. Surgical treatment for extramammary Paget’s disease. Curr Treat Options Oncol 2018;19:27.
5. Hamid M, Majbar AM, Hröra A, Ahallat M. Perineal skin
Correspondences

Yoshida Y, Goto H, Tsutsumi R, Yamamoto O.
Use of an anal retractor device for excision in patients with perianal extramammary Paget's disease. Indian J Dermatol 2018;63:435-7.

Received: June, 2018. Accepted: June, 2018.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.