LETTER TO THE EDITOR

An unusual case of anorectal carcinoma in a patient with Crohn’s disease

Dear Sir,

Ulcerative colitis (UC) and Crohn’s disease (CD) increase the risk of tumoral evolution, with approximately 1% of patients who develop a colorectal cancer during their life.1 However, whereas there are several studies that analyzed the role of UC in tumoral transformation,2 available data on CD are still limited. The evaluation of the risk of cancer in CD presents several methodological problems, due to the heterogeneous nature of the disease (“jump lesions”, partial intestinal resections).3 We report an unusual case of anorectal carcinoma developed in a patient with CD. In February 2008, a 63-year-old Caucasian man with a 40-year history of CD was admitted to our center with a deterioration of anorectal fistulous disease. His surgical history included an appendectomy at the age of 18 and two ileocolic resections for subocclusive disease due to CD at the age of 23 and at the age of 53. The colonoscopy showed a stenosis of the anal canal, extending for about 5 cm, which involved the distal rectum: at histological examination, this lesion resulted in a high-grade dysplasia. Magnetic resonance scans confirmed these findings, also reporting an inhomogeneity of the sphincter complex, associated with multiple solutions of continuity in the wall of bowel and numerous fistulous tracts (Fig. 1). The patient underwent surgery: an abdominoperitoneal amputation according to Miles was performed. A 32 cm-segment of left colon was removed, comprehending also a 4.5 cm-anal tract, the mesorectal tissue, the perianal coetaneous tissue and various entero-cutaneous fistulas (Fig. 2). Post-operative course was regular and the patient was discharged in good condition in post-operative 12th day. Histological examination showed a lesion with the characteristics of the mucinous adenocarcinoma infiltrating the perianal adipose tissue and the anal cutaneous superficial dermis (pT2, N0, Mx, and G3). Currently, the patient is alive and is receiving chemotherapy. The role of CD in the development of colorectal tumors is unclear: however, several studies have shown a surprising equivalence between CD and UC in the risk of cancer, when compared to similar extension of colonic disease.1,3 In CD patients, the risk of tumoral transformation is related to the combined effects of chronic inflammation and individual genetic factors. However, development of carcinoma on anorectal fistulous disease due to CD is an uncommon finding. The symptoms of chronic inflammation may often occult the presence of malignancies: the discovery of high-grade dysplasia requires aggressive surgery, due to the presence of 20% of preoperatively undetected cancers.4,5 The role of CD in determining the development of colorectal carcinoma is currently underestimated. However, the development of an anorectal carcinoma due to CD is rare: its evaluation with

Figure 1  Magnetic resonance scan shows the presence of an inhomogeneity of the anorectal region.

Figure 2  A detail of the anal tract, with the presence of several entero-cutaneous fistulas.
multidisciplinary strategies is mandatory, obtaining early diagnosis and an immediate surgical approach.

References


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