



Historical Case of Anal Squamous Cell Carcinoma

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Introduction

Anal Squamous Cell Carcinoma (SCC) is rare and represents less than 1% of all cancers [1]. The diagnosis is made at an advanced stage due to late consultation [2].

Case Presentation

A 50-year-old patient, smoker and drug addict, with no notion of unsafe sexual behavior or anal condyloma; admitted for an anal ulcero-bourgeois tumor evolving for 3 years. The clinical examination revealed a bedridden, asthenic patient with a WHO score of 4 with a giant ulcerating-bourgeois tumor with a nipples pink surface and leukoplakic in places, nauseating, measuring 15 cm in length, surrounded by a hyper pigmented placard, dotted with nodular lesions, fistulized and producing pus (Figure 1). This tumor encompasses the lower back, the buttocks and the intergluteal fold and disfigures the entire gluteal region. It was associated with magma of inguinal lymph nodes.

Histological examination showed a well-differentiated, keratinizing and invasive squamous cell carcinoma without peri-nervous sheath or vascular emboli.

HIV, hepatitis B, C and syphilitic serologies were negative.

Pelvic Magnetic resonance image identified a large tumor process measuring 161 mm × 77 mm extending over 160 mm, invading the anal canal, lower and middle rectum; responsible for invasion with bone lysis of the 3rd, 4th and 5th sacral piece as well as the coccyx with extension to the pre-sacral space and the ischioanal fossa bilaterally and extending to the external genital organ.

The patient was inoperable due to the extension of the tumor and was referred for palliative chemotherapy. The patient died two weeks later.

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Discussion

SCC of the anal canal or anal margin is a rare tumor, but its incidence has increased in recent decades [1]. HIV and HPV are risk factors for the onset of anal SCC [2], that's why it's important to research unsafe sexual behavior and screening for sexually transmitted infections.

Other patient-related factors, such as embarrassment or denial, may also delay diagnosis and treatment [1]. This was the case in our patient who consulted 3 years after the first symptoms appeared.



Figure 1: Anal giant ulcero-bourgeois tumor.

The treatment is mainly based on the combination of radio-chemotherapy and surgery [3].

Conclusion

Our case illustrates a historical case of anal SCC, due to patient neglect and denial.

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