CLINICAL VIGNETTE

Anal Squamous Cell Carcinoma Presenting as a Rectal Mass

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Introduction

Anal squamous cell carcinoma (SCC) typically presents as an anal mass.[1] It rarely presents in the rectum alone. Limited literature exists regarding optimal management for this unusual presentation.[2-5] We present a patient with anal SCC manifesting as a rectal mass and review her management.

Case Report

A 73-year-old woman with esophageal reflux presented to our office with chronic rectal bleeding and constipation. She complained of bright red blood upon wiping, but denied anal pain, abdominal pain, nausea, vomiting, weight loss, or fatigue. Digital rectal exam was unrevealing for a palpable mass or acute bleeding. Colonoscopy revealed a 1.2 cm anterior rectal mass, 2 cm from the anal verge (Figure 1). Biopsies revealed focally invasive nonkeratinizing SCC (Figure 2). Rectal endoscopic ultrasound (EUS), showed the mass was confined to the anus and extended from the anorectal canal into the rectum (Figure 3). Submucosal invasion was noted, but not through the rectal muscularis propria. PET CT showed no perirectal invasion, lymphadenopathy, metastatic disease or other sources of primary SCC. Final staging was T2N0. She underwent chemoradiation with 5-fluorouracil and mitomycin. Surgery was deferred to preserve anal function. Her tumor showed a complete response after 6 weeks of treatment and she is currently being followed with routine surveillance.

Discussion

Anal SCC makes up 2.6% of digestive system cancers in the United States,[6] but with rising incidence in both men and women.[7,8] This is possibly due to changes in sexual behavior and increasing rates of HPV exposure. Gastroenterologists should recognize atypical presentations of anal SCC, especially in high-risk populations: men who have sex with men, HIV-positive patients, and women with high-risk HPV.[9] Rectal bleeding and altered bowel habits are the most commonly reported symptoms. Other symptoms include anal mass, pain, itching, and mucous discharge, but up to 20% of patients with anal cancer are asymptomatic.[10,11] The absence of anal pain and external lesions along with the rectal mass found in our patient suggested an alternative diagnosis. Management of rectal cancer has traditionally involved surgical resection.[12] This case demonstrates the utility of EUS to establish the correct diagnosis and extensiveness of disease to help direct management. Definitive management of this presentation of anal SCC has not been fully established, but our patient responded well to standard chemoradiation.

Conclusion

Anal SCC has a range of presentations and can present as a rectal mass. Given that anal SCC rates are increasing, our case highlights the importance of disease screening, recognition, and prevention.

Figures

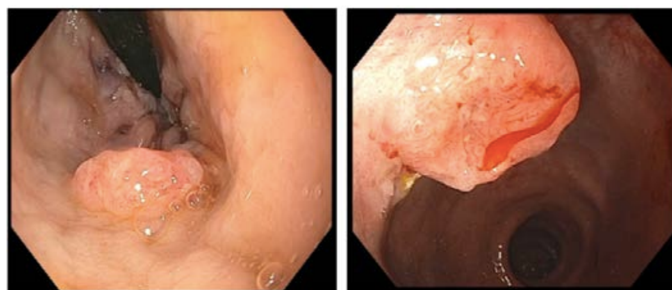
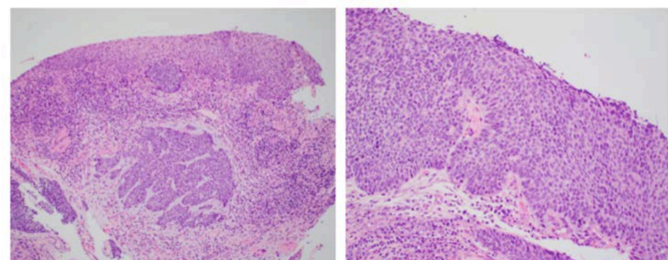
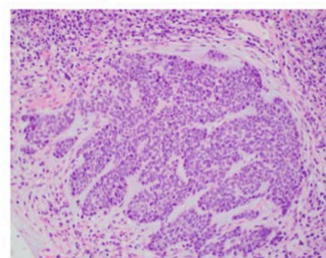


Figure 1



100x magnification 200x magnification in situ



200x magnification invasive

Figure 2

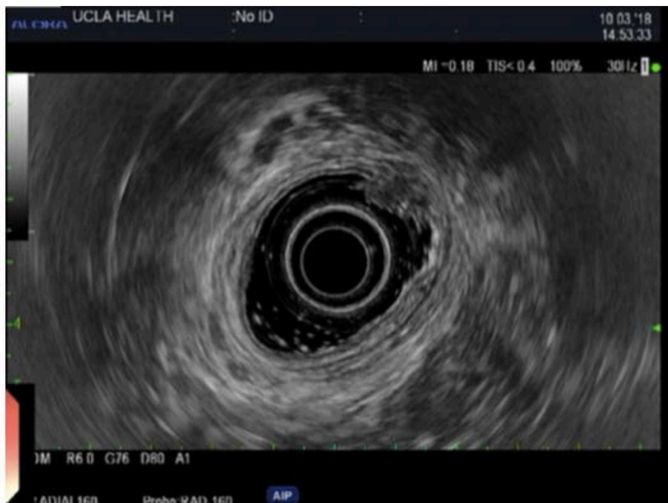


Figure 3

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