



Il riscontro occasionale di neoplasia maligna in proctologia

A comparison between cytology and histology to detect anal intraepithelial neoplasia

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- 215 uomini omosessuali e bisessuali (Clinica centrale di Londra per le malattie sessualmente trasmissibili): esame citologico; esame perianale e canale anale (colposcopio). Biopsia di aree suggestive per neoplasie intraepiteliali.
- 176/215 (biopsia): 76 (AIN in Istologico). 154(215): campione adeguato citologico (46 HPV + AIN; 85 HPV), 169 presentavano condilomi.
- Citologia Anale: Sensibilità 87.5% (33.9); Specificità 37.4 % (72.5);

Genitourin Med 1994;70:22-25

Table Histology and cytology results in the 154 patients with an adequate anal smear

<i>Cytology</i>	<i>Histology</i>					<i>Total</i>
	<i>Negative</i>	<i>HPV</i>	<i>AIN 1</i>	<i>AIN 2</i>	<i>AIN 3</i>	
Negative	5	11	5	1	1	23
HPV	20	35	17	8	5	85
AIN 1	5	15	8	3	0	31
AIN 1-2	1	4	2	0	1	8
AIN 2	0	1	2	1	2	6
AIN 2-3	0	1	0	0	0	1
AIN 3	0	0	0	0	0	0
Total	31	67	34	13	9	154

Gastroenterol Clin Biol.
2004 Aug-Sep;28(8-9):659-61.

Is routine pathologic evaluation of hemorrhoidectomy specimens necessary?

Lemarchand N, et al

- Proposto da Società Francese di Coloproctologia e Agenzia Nazionale per l'Accreditamento in Sanità
- Analisi retrospettiva preparati istologici di emorroidectomie da 1/1/1985 a 31/12/2001.
- Riscontrate 56 anomalie istologiche (0.69%) su 8153 pezzi

The necessity of routine pathologic evaluation of hemorrhoidectomy specimens.

Cataldo PA, MacKeigan JM.

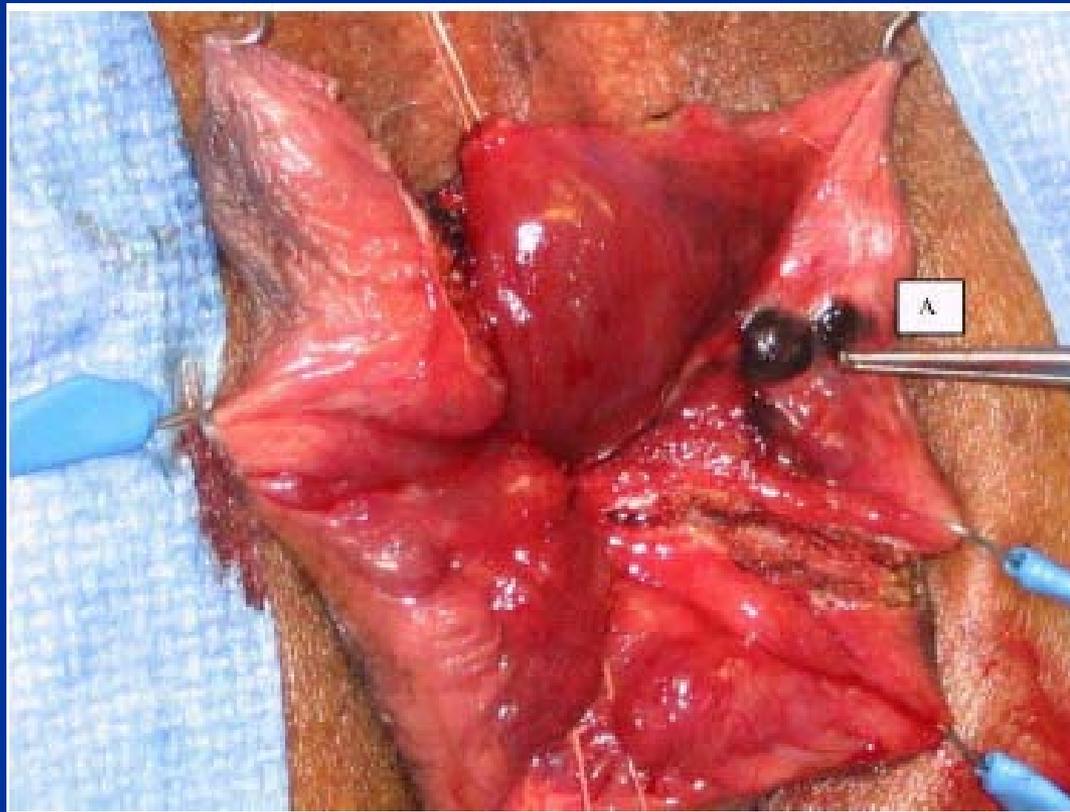
Surg Gynecol Obstet. 1992 Apr;174(4):302-4.

Ferguson Hospital, Grand Rapids, Michigan

- 21257 emorroidectomia in 20 anni: 1-2 %
riscontro occasionale eteroplasia
- Consigliano esame istologico mirato
- Attenta valutazione preoperatoria
- Valutazione intraoperatoria: palpazione

Melanoma of the Anus Disguised as Hemorrhoids: Surgical Management Illustrated by a Case Report

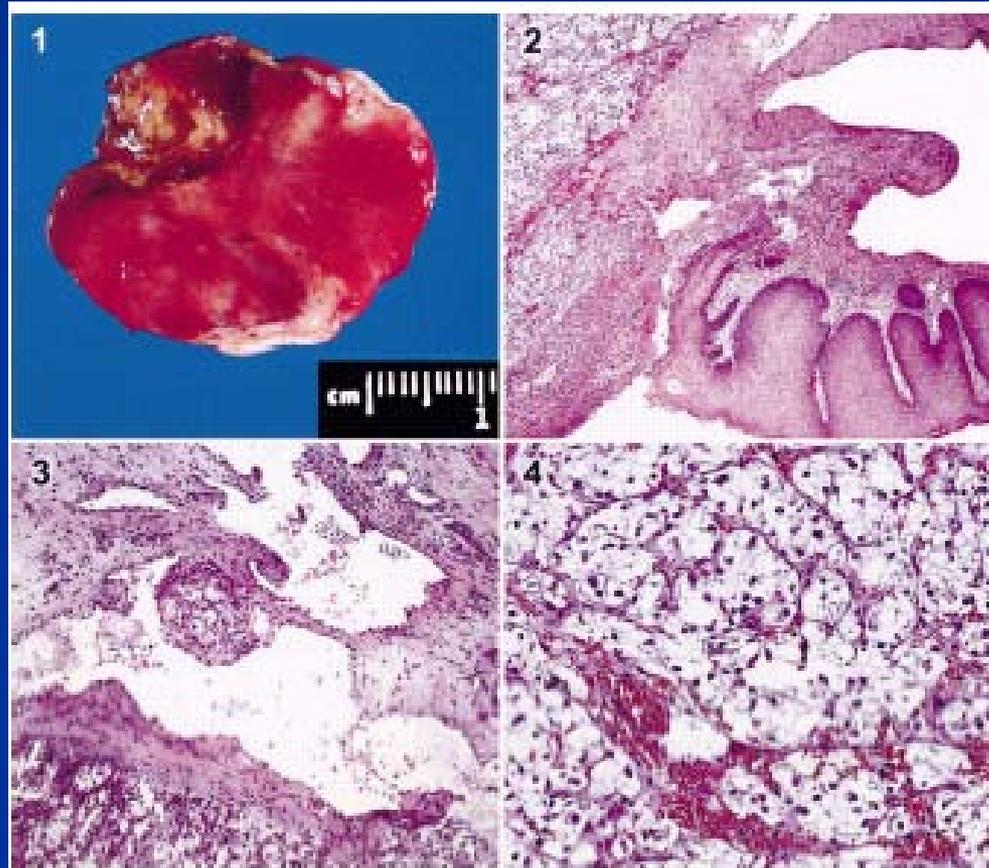
M. van't Riet · R. W. M. Giard · J. H. W. de Wilt ·
W. Vles



Metastatic Renal Cell Carcinoma Presenting as a Hemorrhoid

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Degenerazione maligna fistola perianale

- Fistola anale recidiva degenera mediamente dopo 10 anni (McCune WS, 1959)
- Adenocarcinoma mucinoso: 3-19 % di tutti i carcinomi anali (Schaffzin DM 2003)
- Origine del tumore: duplicazione congenita della mucosa anorettale (Dukes CE 1956); Iperplasia focale adenomatosa delle ghiandole anali (Getz CE et al 1982); trasformazione cancerosa delle cellule mucose del retto che sono migrate dentro la fistola (Taniguchi S et al, 1996)

Degenerazione maligna fistola perianale (2)

- Criteri di Rosser (1931): fistola presente da tempo, non vi è tumore sulla superficie del lume ano-retto, l'apertura intestinale non giace nel tessuto maligno
- degenerazione maligna fistole M. Crohn (ritardo diagnostico)(Ficarri F et al., 2005).
- Clinica: dolore anale, massa perianale, rettoragia
- Instabilità microsatelliti contribuisce allo sviluppo carcinoma anale squamoso (Gervaz P. 2007)

Degenerazione maligna fistola perianale (3)

J. Ong et al.: Perianal cancer in chronic anal fistulae

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Table 1 Characteristics of 4 men with perianal mucinous adenocarcinoma

Case	Age, years	Symptoms duration, years	Presentation	Multiplicity of fistulae	Follow-up, months	Outcome	Histology	Stage
1	67	30	Chronic discharge	No	13	No evidence of recurrent disease	Mucinous adenocarcinoma	T3N0M0
2	44	3	Chronic discharge	Yes	15	Passed away	Mucinous carcinoma with sinus tract	T3N2M0
3	69	30	Chronic discharge	Yes	40	No evidence of recurrent disease	Mucinous adenocarcinoma with fistula tract	T4N0M0
4	48	5	Chronic discharge and mass	No	39	No evidence of recurrent disease	Well differentiated mucinous adenocarcinoma	T3N0M0

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Degenerazione maligna fistola perianale (4)

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Table 1 Reported cases of anal carcinoma associated with anal fistulae. Treatment in all cases was by abdomino perineal resection with myocutaneous flap. All patients were men. No patients had liver metastases. No recurrences were reported

Reference	Age, years	Histology	MC flap	Follow-up	Outcome
Tan, Nambiar [6]	40	Moderately differentiated adenocarcinoma	Gluteus	NG	Alivebed
	76	Moderately differentiated adenocarcinoma	Gluteus	NG	Alivebed
Yamashita et al. [12]	72	Mucinous carcinoma	Gracilis	18 months	Alive
Tsurumachi et al. [13]	88	Well differentiated adenocarcinoma	Gluteus+gracilis	15 months	Alive
Nishizaki et al. [14]	68	Mucinous carcinoma	Gracilis	1 year	Alive
Furugori et al. [15]	51	Mucinous carcinoma	Gracilis	1 year	Alive
Morishima et al. [16]	69	Mucinous carcinoma	Gluteus	14 months	Alive
Fukazawa et al. [17]	37	Mucinous carcinoma	Gluteus	4 months	Alive
Present case	67	Mucinous carcinoma	Gracilis	58 months	Dead

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DOI 10.1007/s10151-006-0289-7

Idrosadenite e cancro

- Malattia cronica ricorrente con formazione ascessi, fistole e cicatrici. Sedi: inguini - perianale, ascelle, areola mammaria, solco sottomammario, regione periombelicale, cuoio capelluto, condotto uditivo esterno, spalle, collo
- Gh. perianali interessate nel 30-50 % dei casi
- Cancerizzazione: rara (Dufresne RG et al 1996)
- Tempo medio degenerazione (19-32 anni)(Jackman JR 1959)

Idrosadenite e cancro (2)

- A trasformazione maligna avvenuta, crescita rapida con metastasi (Linn MTS 1999)
- La cancerizzazione riguarda prevalentemente la regione anale (HPV?)(Cosman BC 2000)
- Sinus: rientra nell'idrosadenite; possibilità di degenerazione (Gur E 1997)
- Jackman 1949: "at least some of the cases of so-called recurrent pilonidal cysts(...) are actually cases of recurrent or new areas of involvement with hidradenitis suppurativa"

Idrosadenite e cancro (3)

- Necessità di exeresi precoce (Jansen T 1998)
- Misure conservative: inutili
- Retinoidi: limitano le recidive
- Maclean GM(2007): idrosadenite al di fuori dell'ascella va considerata come condizione pre-maligna

Table 1 Reported cases of SCC arising in hidradenitis suppurativa

Author	Age	Sex	History of HS (years)	Nodes	Surgery performed	Outcome
Case 1	50	M	32	+	Abdominoperineal resection	Died at 24 months
Case 2	61	F	40	+	None	Died at 2 months
Case 3	47	M	9	+	None	Died at 9 months
Rosenzweig <i>et al.</i> ¹	50	M	20	?	Excision and skin graft	Well at 1 year
Bocchini <i>et al.</i> ²	36	M	?	?	Multiple surgical interventions	Died at 18 months
Altunay <i>et al.</i> ³	54	M	30	+	None	Died at 3 months
Manolitsas <i>et al.</i> ⁴	52	F	30	?	Radical local resection	Full recovery
Lin <i>et al.</i> ⁵	55	M	30	+	Wide excision	Died at 2 months
Ritz <i>et al.</i> ⁶	61	M	45	+	Radical resection	Died at 4 months
Li <i>et al.</i> ⁷	68	M	50	?	Resected	No comment
Malaguamers ⁸	65	M	20	+	Radical excision	Died at 7 months
Dufresne <i>et al.</i> ⁹	52	F	36	+	Mohs micrographic excision	Died at 7 months
Shukla <i>et al.</i> ¹⁰	71	F	50	?	Massive resection	Symptom-free at 4 years
Perez-Diaz <i>et al.</i> ¹¹	60	M	25	+	Completely excised	Disease-free at 1 year
Welsh <i>et al.</i> ¹²	50	M	20	+	Incomplete resection	Died at 2 months
Mendonca <i>et al.</i> ¹³	57	M	35	-	Wide excision and skin graft	Well at 1 year
Williams <i>et al.</i> ¹⁴	27	M	11	-	Wide local excision	Well at 1 year
Anstey <i>et al.</i> ¹⁵	67	M	40	?	Massive resection	Died at 2 years
Weber <i>et al.</i> ¹⁶	48	F	37	-	En bloc dissection	No comment
Chicarilli ¹⁷	59	M	30	?	Massive resection	Disease-free at 2 years
Zachary <i>et al.</i> ¹⁸	55	M	3	?	Radical excision	Disease-free at 1 year
Sparks <i>et al.</i> ¹⁹	35	M	10	+	None	Died
Johnston <i>et al.</i> ²⁰	54	M	4	?	Wide resection	Died at 6 months
Mora <i>et al.</i> ²¹	47	M	5	?	Abdominoperineal resection	Disease-free at 2 years
Mora <i>et al.</i> ²¹	54	M	Many	?	None	Died at 5 months
Black <i>et al.</i> ²²	44	M	21	?	Radical excision	Died at 2 years
Gordon ²³	28	F	17	+	Wide local excision	No comment
Thomton <i>et al.</i> ²⁴	?	?	20	?	No comment	No comment
Alexander ²⁵	40	M	20	-	Abdominoperineal resection	Died at 18 months
Humphrey <i>et al.</i> ²⁶	48	M	8	+	Radical excision	Alive - unknown follow-up time
Donsky <i>et al.</i> ²⁷	44	M	23	?	Radical excision	No comment

HS, hidradenitis suppurativa.



