

Horseshoe Abscess in Conjunction with Insidious Spidermoid Anal Cancer

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ABSTRACT

Anal squamous cell cancer is extremely rare in terms of its presentation, an incidence of 1-2% of all neoplasms of the digestive tract is estimated. The objective is the presentation of a case and review of the literature. Case: 44-years-old male who started 14 days earlier, with increased perianal and intergluteal volumen, with an amorphous, irregular, poorly limited, hyperthermic, hard, stony extension, vegetating large elements; surgery is performed with abscess drainage and biopsy,

diagnosing squamous cell carcinoma. Discussion: the treatment is chemoradiotherapy, surgery is reserved for failure of this; in the initial stage, survival is greater than 73% at 5 years and in recurrent cases, surgical rescue is relegated with results of 48% in survival. It is concluded that it is irrefutable that any lesion of the colon, rectum and anus, tumor, irregular or abnormal tissue, be biopsied and analyzed histopathologically. In addition, there is the delay in diagnosis, which is associated with the cultural beliefs of patients or their idiosyncrasy, with a shortage of qualified personnel and infrastructure in the public health sector, which is very common in developing countries.

Keywords: Cancer. Epidermoid. Anal. Neoplasms. Biopsy. Carcinoma.

INTRODUCTION

Anal squamous cell cancer (**ASC**) is extremely rare, in terms of its presentation, estimating an incidence of 1-2% of all neoplasms of the digestive tract in Uruguay, [1] in the United States of America, 1.5 cases per 100,000 habitants per year in 2011 [2]; however, in Mexico its frequency is unknown. Cancer of the rectum and anus is first cited in the Ebers papyrus in 1500 a. C. But it was not until 2,800 years later that Johannes de Ardene (1307-1380) described "that in the entire circumference of the rectum producing its narrowing and in later stages, ulcerating externally, until destroying the anal canal". [3]

OBJECTIVE

Presentation of a case of a patient with epidermoid cancer of the anus and review of the literature.

CASE REPORT AND RESULT

A 44 years-old male patient who comes to the Emergency Department, in a street situation; with present smoking and intermittent alcoholism, added consumption of various narcotics; without chronic degenerative and infectious, as well as surgical history. It since 14 days before, where it manifests a sudden and progressive increase in perianal and intergluteal volume, and with spontaneous drainage of little purulent material makes less 72 hrs. On physical examination, he presented with algid facies, conscious, with vital signs: heart rate 98 x', respiratory rate 24 x', temperature 38.2°C, blood pressure 96/61 mm Hg. In Sims position, there is bilateral perianal and gluteal area involved with an amorphous, irregular, poorly defined, hyperthermic, hard, stony, vegetating large elements and with intense pain upon digitization, in an extension in it's major axis of 40 cm in Transverse direction x 25 to 30 cm extensive, with crepitus in some areas and with probable involvement of muscle fasciae (necrotizing fasciitis). **See figure 1**; and in the perimeter part of the skin extends with a lichenified appearance, dry, with great desquamation in almost all its margins and little purulent material, with great fetidity; with great structural anatomical deformity of the anus, with intense pain on digital rectal examination, semi-open anus with sphincters with complete loss of tone and intensity, puborectalis bundle with good mass and contractility. Dentate line involvement or cryptitis is located in the 12 o'clock sector at the level of what could be the toothed line. With induration in the superficial and deep postanal space, bilateral perianal, as well as both ischiorectal spaces extensively and deeply; concluding a horseshoe abscess. **See figure 1.**



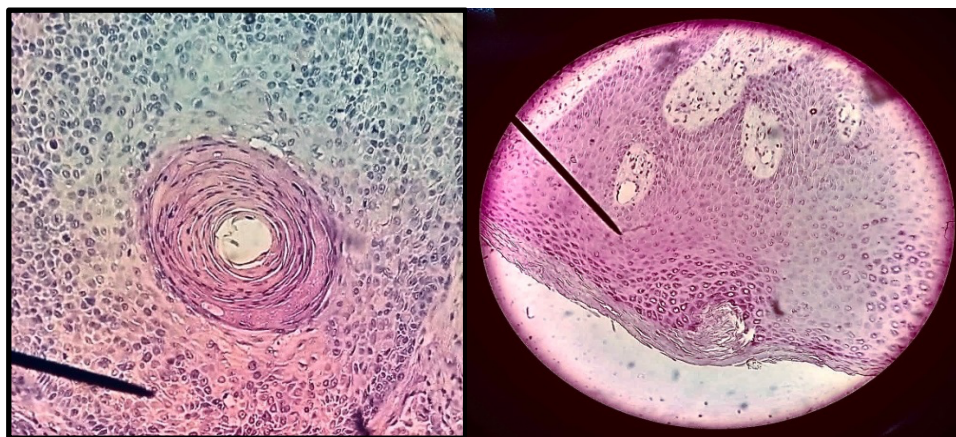
Figure 1: Anal region with horseshoe abscess.

Laboratories with leukocytes of $10.3 \times 10^3/\text{mm}^3$, neutrophils 67%, normochromic normocytic anemia of 10.5 g/d, hematocrit of 30.5%. Thrombocytosis of $623 \text{ mL} \times 10^9/\text{L}$. Glucose: 84.8mg/dl. There is not tomography study. Emergency surgery is performed, draining the abscess in 370 ml of foul-smelling purulent material, culture is taken and surgical lavage is performed; due to the highly amorphous conditions of the patient's perianal tissue, a second pathological entity is suspected in a syncretism, for which three incisional biopsies are taken and sent to Pathology. Antimicrobial management and sediluvium are given, with discharge due to improvement at 48 hours and control in the Surgery consultation. **See figure 2.**



Figure 2: Anal region after drainage and surgical lavage

The histopathology report describes a “well-differentiated, keratinizing squamous cell carcinoma.” Therefore, protocolization is managed in a specialized oncology service. **See figures 3 and 4.**



Figures 3 and 4: Histological cut where anal cancer is identified

DISCUSSION

Epidermoid or squamous carcinoma/**ASC**, histologically, is the most frequent malignant tumor in the low incidence of anal cancer, reaching an annual mortality of 15%, being more frequent in females, but with a 5-year survival of 52% in men. early clinical stages; Among the predisposing factors are sexually transmitted diseases such as: acquired immunodeficiency virus (**HIV**), condylomata acuminata, gonorrhea, chlamydia, human papillomavirus (**HPV**) infection. Another risk factor is women with a history of cervical cancer. The clinical picture in 85% of patients presents as rectal bleeding, mass effect and mucus in the stool, among others, not being specific, and in the case presented it is deceptively symbiotic to a horseshoe abscess that is extremely rare. [1, 2, 4, 5]

The diagnosis of **ASC** requires a high suspicion, experience and knowledge in the area (Colon and Rectal Surgeon), where an incisional or excisional biopsy is performed accidentally, which will confirm or not the diagnosis a posteriori. Extension studies include endoanal ultrasound for staging, as well as computerized axial tomography, nuclear magnetic resonance, or positron emission tomography (**TEP**). [1, 6, 7, 8, 9] The stage of the cancer of the disease evaluates the tumor in size, nodes and metastases, this is essential in the prognosis in the first instance and to know the survival of the patients. [10] Classic clinicopathological parameters such as category T (tumor), category N (lymph node), age and Karnofsky performance score continue to be significant prognostic factors, however, the association of platelets in their depletion has been seen, which have a significantly worse evolution or poor survival. [11] **ASC** is preceded by high-grade squamous intraepithelial lesions and is substantially higher among people living with **HIV**, with treatment including office-based ablative procedures, excision under anesthesia, or topical administration of fluorouracil or imiquimod; performing anal cytology and high resolution anoscopy, which achieves a significant decrease in its incidence of progression to cancer. [12, 13] Regarding treatment, the cornerstone is chemoradiation therapy (**TRC**), in the first-line therapeutic standard based on the combination of cisplatin with 5-fluorouracil, it has recently been challenged by carboplatin regimens: paclitaxel and docetaxel, cisplatin and 5-fluorouracil, which are becoming new treatment options. [14, 15, 16, 17]

In a second line and that there is still no international consensus, anti-EGFR and immunotherapy in combination or not, with other molecules are promising, but these results

must be confirmed, in patients who have had a previous failure or intolerance to the standard therapy or no treatment option, and have a tissue sample evaluable for the PD-L1 gene mutation positive. [18] On the other hand, concurrent **TRC** is the standard curative treatment option for non-metastatic **ASC**. Intensity-modulated radiation therapy (**TR**) can reduce doses delivered to the gut, skin, and reduce toxicities associated with conventional fields. [19, 20] In addition, personalized **TR** treatment can be performed for early-stage **ASC** (T1-2 N0 M0), treated with intensity-modulated and image-guided **TR**. [21] Regarding the adverse effects of **RK**, the most common grade 3-4 acute toxicities during treatment were myelosuppression and radiation dermatitis. Stage M0 patients treated primarily with chemoradiotherapy had better local control than those treated primarily with surgery. With an overall 5-year survival of only 73.4% and disease-free survival of 69%. (22)

Surgical treatment was the gold standard 15 years ago, however, now this radical surgery scenario, ranging from an excisional biopsy to an abdominoperineal resection (**APR**), has only been reserved for failure of multimodal treatment or **TRC**. Some patients require a stoma prior to **TRC**, although successful closure of such a stoma is unlikely. Assessing organ preservation was not possible in about one-third of patients in **ASC** treatment with pre-treatment colostomy. (23) And where it is confirmed that between 30% and 40% of patients with **ASC** will require rescue **APR** after failed **TRC**; with a crude overall survival rate at 5 years it was 73% in those who did not require salvage surgery, and 48% in those who did. (24, 25)

The prevention strategies associated with the linked to a previous history of **HPV** in the incidence of **ASC**, have been poorly optimized with regard to the vaccination of this virus, in countries such as the United States of America. (26) Possible screening modalities for early diagnosis of **ASC** in **HIV** patients include digital anorectal examination, anal Papanicolaou smear, with human papillomavirus co-test, and high-resolution anoscopy. (27) Metastatic **ASC** is treated with chemotherapy with the goal of prolonging survival. The role of immunotherapy in the clinical setting is being investigated; however, there is little understanding of the biology of **ASC** and an urgent need for more clinical research. (28) Another strategy in improved 10-year survival is **FDG-PET/CT**-based **TR** treatment planning, local control rates were 91% and colostomy-free survival was 81%, respectively. **PET/CT** staging allowed increased dose to the primary tumor and lymph node metastases while reducing dose to unaffected regions. (29) Another strategic way in this disease is carried out by Sweden, where they carry out the so-called Swedish registry of anal cancer with a coverage of 95%, with the aim of studying to describe the implementation of guidelines and organizational changes for care and intention of abolish morbidity and mortality for this pathology, streamlining processes, resources, times and with published effective results. (30)

CONCLUSIONS

- It is a basic and irrefutable principle that in the area of the colon, rectum and anus, all lesions, tumors, irregular or anomalous tissue, be biopsied and analyzed by the Pathology service.
- The delay in diagnosing **ASC** could be associated with cultural beliefs of patients or idiosyncrasies, scarcity of qualified personnel (subspecialist physicians, colon, rectal and anus surgeons) and infrastructure of the public health sector, very common in developing countries.
- The authors of this article flatly reject **TRC** as the best initial management or the gold standard in the first order, according to what is referred to in the medical literature; since they consider that it is only a trend, fashion and influence attributed to imperialism, globalization or

pharmaceutical power groups, which dominate health policies on a large scale, the results of published studies, of a surgically resectable disease and technically curable as is **ASC**, compared to permanent palliation with zero cure rates and exorbitant costs.

- Surgical management is considered to be the 1st line or the best therapeutic option for **ASC**, since the literature review shows that it is the last resort and patients survive despite failed **TRC** in all its modalities. explanation then to leave it as salvage surgery? To such a question, the answer would be the tendency to be conservative of organs or worse, speculating to be due to the political influence of globalized health in recent times.

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