Is it Anal or Rectal? A Rare Case of Squamous Cell Carcinoma

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Introduction

Primary rectal squamous cell carcinomas (SCC) are extremely rare and difficult to distinguish from anal cancers.

The majority of rectal SCC are secondary to anal SCC extension and detected at an advanced stage.

Although rectal and anal cancers are anatomically close, they are distinct entities with different histologic features, patterns of spread, staging systems, and treatment pathways.

We present a rare case of a middle-aged man with AIDS who presented with bloody diarrhea, eventually found to have a primary rectal SCC.

Case

A 59 year-old-male with a history of AIDS presented with bloody diarrhea and fevers.
He denied abdominal or rectal pain.
Physical exam: mild tenderness of the abdomen. VSS
Labs: unremarkable.
GI PCR: + shigella, + EAEC, + ETEC, + EPEC
CT A/P (Figure 1) was concerning for rectal carcinoma.

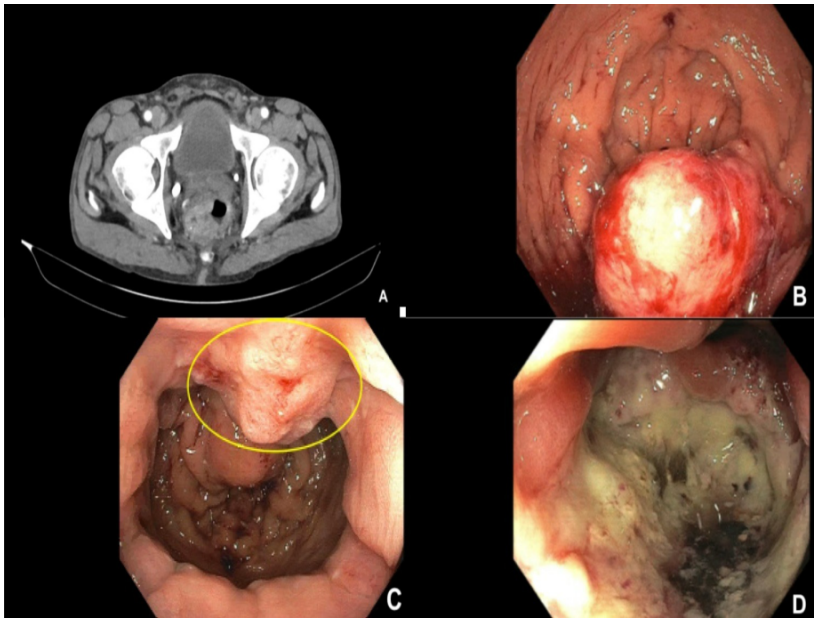

Figure 1: CT A/P (A) revealing an irregular, asymmetric rectal wall thickening centered laterally on the left, highly concerning for rectal carcinoma, in addition to a focal left-sided outpouching from the rectum, suggesting a thick-walled diverticulum.

Colonoscopy showing a rectal mass with ulcerated and friable mucosa (B&D). Area of anal inflammation (yellow circle, C) discontinuous from rectal mass with an adjacent small area of normal epithelium.

Case Continued

He was started on IV antibiotics with improvement in symptoms.
Colonoscopy revealed a non-obstructing mass in the rectum.
Pathology: high-grade (AIN-3) and focally invasive squamous cell carcinoma, with acute and chronically inflamed rectal mucosa.
Given the incongruence between colonoscopy and pathology, it was uncertain whether a primary lesion of the rectum with spread to anus existed or if two separate pathologies were present.
Repeat colonoscopy to define the anatomic location of the mass (Figure 1; B-D) was performed.
Pathology revealed invasive and in situ SCC of the rectum.
The patient was referred for chemoradiation with 5-fluorouracil and mitomycin.

Discussion

Primary rectal SCC: 0.01% of all colorectal carcinomas. Risk increases in patients with a history of HPV infection.
Diagnosis requires: (i) exclusion of metastasis, (ii) no squamous-lined fistulous tract involving the affected rectum, and (iii) exclusion of anal SCC with proximal extension (absence of continuity between the tumor and the normal anal squamous epithelium). Our patient fulfilled all criteria.
Primary rectal SCC should be considered a differential diagnosis in patients with HIV/AIDS, presenting with bloody diarrhea and a rectal mass.