SAR Rectal Cancer DFP
Teaching Case #12

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History and Demographics

• 53 year old female patient presents with hematochezia, pelvic pain and change in bowel habits
Investigations

- MRI was followed by a PET CT scan
Ill defined T2 hyperintense and heterogeneously enhancing mass centered in the anal canal which measures 5.2 cms in maximal dimension; the lesion involves the internal sphincter, obliterates the intersphincteric space and abuts the external sphincter.
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Lesion shows marked FDG avidity
Pathology

- Squamous Cell Carcinoma of the Anal Canal
Discussion and Take Home Points

• When the histopathology indicates squamous cell carcinoma; the lesion is presumed to be anal cancer even if located high at the anorectal junction

• Primary staging and treatment differ in rectal and anal cancers

• Unlike T stage in rectal cancer, which is dependant on depth of invasion; T stage of anal cancer is dependant on size of tumor (T3 in this case as tumor is greater than 5cm in greatest dimension)
Discussion and Take Home Points

• Unlike in rectal cancer, staging of nodes in anal cancer is based on location of the nodal stations.

• Unlike rectal cancer, NCCN Guidelines recommend PET CT evaluation in the primary staging of anal cancer along with a MRI of the anorectal region; this is because almost 98% of anal cancer are FDG avid (thus FDG PET not only helps in primary tumor detection but also in detection of nodes and distant metastases).
Radiation treatment is standard for all anal cancers unlike in rectal cancers
Beyond the primary field; inguinal nodes are included in the radiation field
References