

### Endosonographic Detection of a Mucinous Adenocarcinoma in an Anal Fistula

In comparison with the very large numbers of patients with anal fistulas, coexisting carcinomas are very rarely seen. These tumors are usually overlooked when fistulotomy is performed, and the opportunity for curative surgery is therefore often missed.

A 55-year-old woman presented at our clinic with a history of severe anal pain that had persisted for one year. An intersphincteric anal fistula had been treated twice by incision at another hospital. Endoanal sonography showed an inhomogeneous lesion adjacent to the fistula (Figure 1). An excisional biopsy was performed, since transanal puncture had only yielded gelatinous material. A mucinous adenocarcinoma was diagnosed, and an abdominoperineal resection was carried out (Figures 2, 3).

Little information exists on adenocarcinomas in anal fistulas and their pathogenesis. Getz et al. (1) described focal adenomatous hyperplasia in the biopsy of an inflammatory fistula two years prior to the development of cancer. Apart from fistulas, anal adenocarcinoma can arise from anal glands or congenital rectal duplications, or may represent rectal cancer extending into the anal canal (2). Ultrasonographic assessment of a fistula in ano is valuable not only for delineating the anatomy of the fistula track (3) and identifying areas of sepsis (4), but also for detecting associated tumors of extramural location.

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#### References

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Figure 1: Endosonographically detected mass (6 × 5 cm) adjacent to the fistula, with variable echogenic pattern and septa.

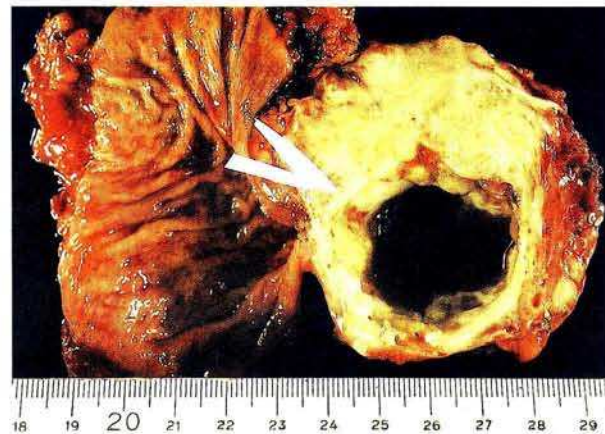


Figure 2: Surgical specimen (anal mucinous adenocarcinoma). The arrow indicates the fistula.

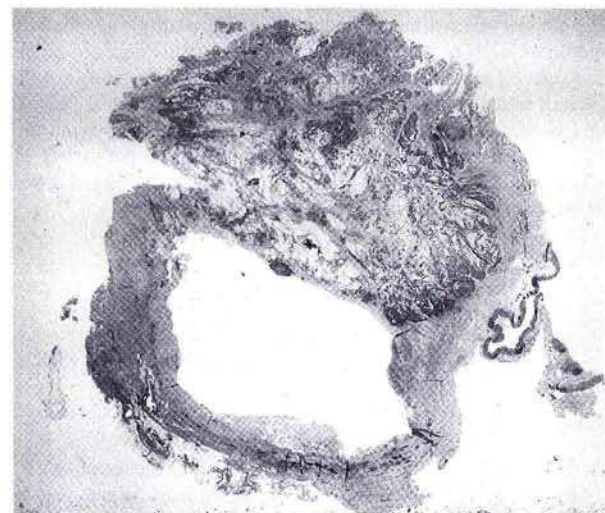


Figure 3: Histology: invasive mucinous adenocarcinoma with focal mucocoepteroid differentiation (hematoxylin-eosin).