



Adenocarcinoma on an Anal Fistula of Crohn's Disease

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Clinical Image

A 44-year-old patient was managed for colonic Crohn's disease and perineal complex fistula from 16 years. He had poor compliance to treatment and was occasionally monitored. He presented for perineal flow and proctalgia. Clinical examination found 4 productive external fistulas and an ulceration of 4 cm (Figure 1). The digital rectal examination did not find any mass. Colonoscopy showed left congestive and ulcerative rectocolitis with inflammatory pseudo-polyps. Pelvic MRI revealed a trans-sphincteric complex fistula with 4 primary orifices associated with a perianal abscess measuring 4 cm extended to the 2 ischio-anal fossae (Figure 2). Surgical biopsy of ulceration was performed concluding to a mucinous adenocarcinoma developed on anal fistula (Figure 3). Thoraco-abdominopelvic CT scan showed no metastases. The patient refused surgery (abdominoperineal amputation) and died after six months.



Figure 1: Examination of the patient: external fistula with ulceration of 4 cm.

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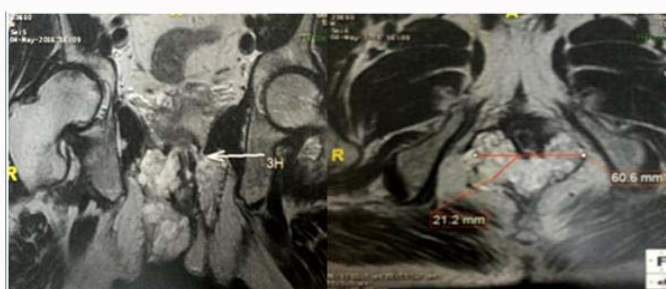


Figure 2: Pelvic MRI: trans-sphincteric complex fistula with 4 primary orifices associated with a perianal abscess measuring 4 cm extended to the 2 ischio-anal fossae.

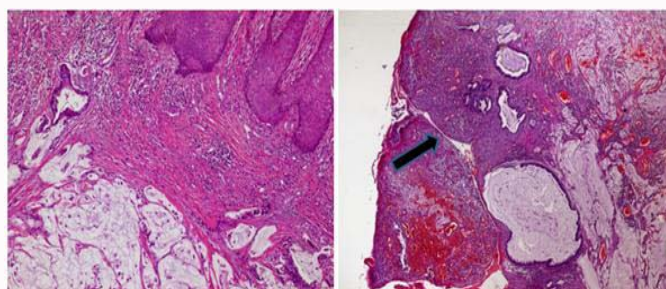


Figure 3: Histological Examination of the ulceration: An infiltration of the anal mucosa by adenocarcinoma B the fistula is infiltrated by the adenocarcinoma (arrow).