

Answers

1. A biopsy was taken from the fistulous tract and complete colonoscopy revealed no tumours within the rectum or evidence of inflammatory bowel disease.
2. Histology revealed an adenocarcinoma of mucinous variety.
3. Adenocarcinoma occurring in a chronic fistulous tract is rare. Cancer found in a fistulous tract can be an extension from a primary tumour of anorectal origin or rarely occurring de-novo in the fistulous tract from anal glandular epithelium. Due to the short history and absence of tumour in the large bowel the carcinoma in this patient is more likely to be of primary anal gland origin. Magnetic Resonance Imaging (MRI) is the investigation of choice for this condition which will characteristically show markedly hyperintense fluid on T2-weighted images, enhancing solid components, and a fistula between the mass and the anus [1]. Standard treatment for anal gland adenocarcinoma is surgical. Abdominoperineal Resection (APR) is the commonly performed procedure [2]. The role of adjuvant chemoradiation is not yet clearly defined [3].

References

1. Fujimoto H, Ikeda M, Shimofusa R, Terauchi M, Eguchi M. Mucinous adenocarcinoma arising from fistula-in-ano: findings on MRI. *European Journal of Radiology* 2003;13:2053-4.
2. Fistula-Associated Anal Adenocarcinoma: Good Results with Aggressive Therapy. *Disease of the Colon and Rectum* 2008; 51: 1061-1067.
3. Abel ME, Chiu YS, Russell TR, Volpe PA. Adenocarcinoma of the anal glands. Results of a survey. *Disease of the Colon and Rectum* 1993;36(4):383-7.