## Squamous cell carcinomas on the basis of chronic inflammatory perianal lesions

Kronik inflamatuar perianal lezyonlardan ortaya çıkan skuamöz hücreli karsinomlar

To the Editor,

The relation between benign perianal lesions and squamous cell carcinoma (SCC) is not yet clear. However, it is still negotiable whether benign anal lesions such as hidradenitis suppurativa (HS), pilonidal disease (PD), fissure, fistula, and hemorrhoid are associated with SCC (1-3). The etiology of SCC of the perianal region includes smoking, sexual behavior, particularly homosexual anal intercourse, chronic inflammation, and transmissible agents (human papilloma virus (HPV) types 16, 18, and condyloma acuminata) (1-3).

We investigated retrospectively 1451 patients with inflammatory anal lesions (anal fistula, PD, HS, condyloma, and perianal abscess) operated between 1999 and 2009. Seven patients had advanced SCC arising from benign chronic perianal disease (Table 1). Six of the seven patients were male (85.7%). The mean age was  $52.8 \pm 5.3$  (range: 37-80) years. The mean time from symptom onset to the diagnosis of SCC was  $9.4 \pm 4$  years (0-30 ye-

ars). Etiology was condyloma in three patients, HS in two patients, perianal fistula in one patient, and abscess in one patient. Totally, 15 operations were performed. Five patients (71.4%) had total wide excisions (Figüre 1a,b,c) and reconstruction with local advancement flaps (Figure 1d). Five patients received radiotherapy and four patients received chemotherapy postoperatively. At the end of a two-year mean follow-up period, three patients (42.8%) had died within one year of the SCC diagnosis. The follow-up of the remaining patients showed no recurrent disease.

In the study of Lapins et al. (4) performed on 2119 patients, the incidence of SCC on the base of HS was found to be 3.4%. Nordenvall et al. (5), in their retrospective cohort study including 45186 patients, found that inflammatory benign lesions increased the risk of SCC of the anal canal 1.3 times with anal fistulae and 5.3 times with anal abscesses. Moreover, HPV infection was considered to be

Sez		History of lesion (years)	Type of lesion	Location	Surgical treatment	Radiotherapy	Chemotherapy	Metastases (LAP, bone)	Recurrence	Size of lesion (cm)	Differentiation	Outcome (after diagnosis)
1 M	52	8	Anal fistula	Perianal	Fistulotomy, curettage	+	+	+	+	3.5x2	Moderate	Died 4 months later
2 M	54		Hidradenitis suppurativa	Gluteal	Wide total excision, skin graft	+	-	-	-	5.5x4.5	Well	Symptom- free at 2 years
3 M	40		Hidradenitis suppurativa	Gluteal	Wide total excision, local advancement flap	+	+	+	-	7x7	Moderate	Symptom free at 5 years
4 M	80	0	Perianal abscess	Perianal	Abscess drainage	-	-	+	Inoperable	6x6	Moderate	Died 1 month later
5 M	50	17	Condyloma	Perianal	Wide total excision, local advancement flap	+	+	-	-	16x8	Moderate	Died 4 months later
6 M	57	1	Condyloma	Perianal	Wide total excision, local advancement flap	+	+	-	-	3X2	Well	Symptom- free at 4 years
7 F	37	5	Condyloma	Perianal	Wide total excision, local advancement fla	– p	-	-	-	7x5	Well	Symptom- free at 4 months

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Figure 1. a) Clinical photograph of giant perianal condyloma acuminatum; b) Wide local excision; c) Specimen after resection; and d) Reconstruction with advancement flaps.

one of the etiological factors of verrucous carcinoma and giant condyloma acuminatum (1-3).

The literature highlights the importance of misdiagnosis after superficial biopsies for these types of tumors (1-7). In the present series, the diagnosis of SCC in one patient was made after six negative biopsies.

Consequently, it is recommended that a high sus-

picion of malignancy be maintained in chronic perianal lesions associated with local inflammation, despite negative biopsies. Repeated, deep and multiple biopsies are required to achieve a correct diagnosis of SCC. Wide local excision and reconstruction of the defect with local advancement flaps are also important for curative treatment.

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