



## Adenocarcinoma Developed on Anal Fistula of Crohn's Disease

Sabbah M<sup>1\*</sup>, Trad D<sup>1</sup>, Ouakaa A<sup>1</sup>, Jouini R<sup>2</sup>, Bellil N<sup>1</sup>, Elloumi H<sup>2</sup>, Bibani N<sup>1</sup> and Gargouri D<sup>1</sup>

<sup>1</sup>Department of Gastroenterology, Habib Thameur Hospital, Tunisia

<sup>2</sup>Department of Pathology, Habib Thameur Hospital, Tunisia

### 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 two ischioanal fossa (Figure 2). Surgical biopsy of ulceration was



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

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#### \*Correspondence:

Sabbah M, Department of Gastroenterology, Habib Thameur Hospital, Tunisia,

E-mail: sabbah\_meriam@yahoo.fr

Received Date: 29 Jul 2019

Accepted Date: 29 Aug 2019

Published Date: 03 Sep 2019

#### Citation:

Sabbah M, Trad D, Ouakaa A, Jouini R, Bellil N, Elloumi H, et al. Adenocarcinoma Developed on Anal Fistula of Crohn's Disease. *Ann Clin Hepatol.* 2019; 3(1): 1012.

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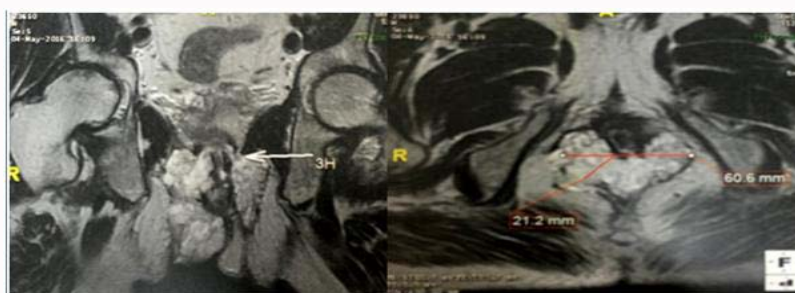


Figure 2: Pelvic MRI: Trans-sphincteric complex fistula with 4 primary orifices associated with a perianal abscess measuring 4 cm extended to the two ischioanal fossa.

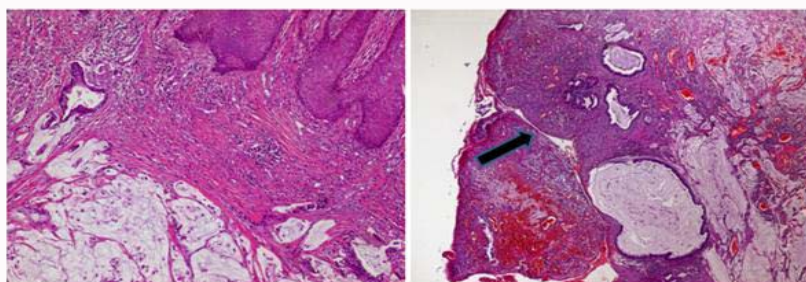


Figure 3: Histological examination of the ulceration: A infiltration of the anal mucosa by adenocarcinoma B the fistula is infiltrated by the adenocarcinoma (arrow).

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.

This observation represents a rare complication of anoperineal fistula during crohn's disease. Malignant transformation of perineal fistula in crohn's disease has rarely been reported [1,2]. Some authors recommend to perform systematic biopsy during fistula that occur within more than 10 years in crohn's disease [3,4].

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