

## A Rare Complication of Perianal Fistula: Mucinous Adenocarcinoma Developing Three Years After Diagnosis

### Perianal Fistülün Nadir Bir Komplikasyonu: Tanıdan Üç Yıl Sonra Gelişen Müsinöz Adenokarsinom

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Letter to the Editor,

Perianal fistula (PF) is a chronic inflammatory tract seen between the anorectal canal and the perianal region. Although PF is a benign disease, mucinous adenocarcinoma (MA) may develop from the inflammatory tract in untreated cases 10 years after diagnosis.<sup>1</sup> Here we present a male patient who was diagnosed with PF for 3 years and presented with MA in the fistula tract.

A sixty-three-year-old male patient who was diagnosed with PF 3 years ago was admitted to our clinic with rectal discharge, pain in the anal canal, and a palpable mass in the perianal region. In proctological examination, a mass appearance was observed in the anal canal close to the anal verge and 3 external fistula orifices were observed in the perianal region (Figure 1). In magnetic resonance imaging, the anal canal wall thickness was increased. In addition, the inner mouth of the intersphincteric fistula was intertwined with the mass. Colonoscopy revealed that the tumor surrounded the anal canal in a circular manner. Endoscopic biopsy examination of the mass was reported as MA. After neoadjuvant chemoradiotherapy, the patient underwent abdominoperineal resection (miles) and fistulectomy (Figure 2).



Figure 1: Fistula and Anal canal tumor.

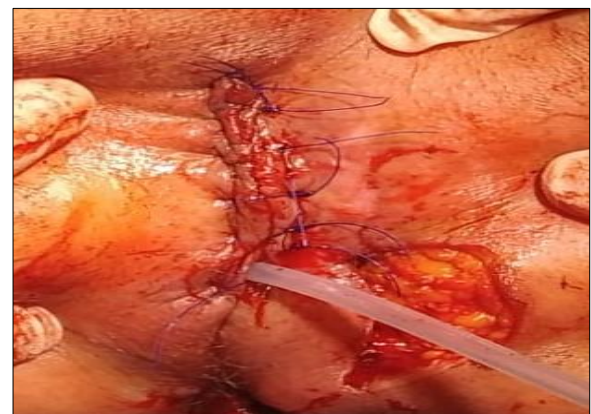


Figure 2: Miles and fistulectomy.

It is very rare to see PF and MA together. The underlying pathophysiology leading to malignant transformation is still not clear. For MA to develop, PF must be at least 10 years old, and this is one of the diagnostic criteria.<sup>1,2</sup>

However, Michihiro Koizumi et al. revealed the existence of a PF-related MA with a 3-year follow-up.<sup>3</sup> In our case, the history of PF disease was 3 years. Although there is a risk of developing MA 10 years after diagnosis in patients with PF, it should be kept in mind that MA may also develop at an earlier period. Therefore, especially patients who are untreated and whose chronic inflammatory process continues in the fistula tract should be closely monitored for MA.

#### **Conflict of Interest**

The authors declare that there is not any conflict of interest regarding the publication of this manuscript.

#### **Authors' Contributions**

Concept/Design: AKT. Data Collection and/or Processing: AKT. Data analysis and interpretation: AKT. Literature Search: AKT. Drafting manuscript: AKT.

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