*

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.

2004– 1999

27 **40** .

. **57** **70** **20** **13**

:

.* **(SCC)** **18** :

. **20** :

. :

40

25 **1/2**

. **%25**

* . - - -

* SCC : Squmous cells carcinoma .

SCC

. 14 ﻟ

7

. SCC

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SCC

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Carcinoma of the Anal Canal

Mohamad Ahmad *

Abstract

To evaluate the frequency of anal canal carcinoma in our community, identifying the principle presenting symptoms, associated conditions and our local experience in its treatment.

This was a retrospective study on all patients treated at the two major university hospitals and the nuclear medicine centre in Damascus between 1999 and 2004. there were 40 patients, 27 males and 13 females. The average age was 57 (20-70 years).

The patients were divided according to their final pathology into three groups:

1. **Squamous cell carcinoma: 18 patients.**
2. **Adenocarcinoma: 20 patients.**
3. **Malignant Melanoma: 2 patients.**

The disease was more common in males than female's 2:1 ratio. Of the associated risk factors noted, smoking was seen in (92%) of the male and (38%) of the female groups respectively. 25% of the males affected were alcoholics.

Rectal bleeding and anal pain were the main complaints in the majority of our patients. In the adenocarcinoma group 7 cases were associated with haemorrhoids and 3 cases with fistula-in-ano. In the squamous cell carcinoma group (SCC), two cases were associated with fistula-in-ano and one case with peri-anal abscess.

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All patients in the adenocarcinoma and melanoma groups were treated surgically by abdominoperineal resection (APR). Inguinal lymph node dissection was added to all patients with malignant melanoma. In the SCC group, 14 patients were treated successfully with combined chemo-radiation therapy, while 4 patients required surgical treatment and had an APR procedure.

Surgeons should include the diagnosis of anal canal carcinoma in cases of persisten anal pain, recurrent haemorrhoids, fistulas and perianal abscesses and direct the investigations towards this including biopsies for histological confirmation. Chemo-radiation should have a primary role in the treatment of patients with SCC preserving surgery for cases of failure of complication of such treatment.

Introdution:

.(6-5

*HPV

%4-2

(1)

-16

.(2)18

.(6-5-4-3-2)

1/2

.1/4

-8-7)

.(10-9

*HIV

%14

.(9-2)

-4-3-2)

* HIV : Human Immunodeficiency virus .

* HPV : Human papilloma virus.

-13-12-11)

(15-14

.

. .

Resultes **Methods**

and Patients

2004-1999

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40

(1)

/27/

:

/13/

(1)

			S.C.C	
27	2	14	11	
13	-	6	7	
40	2	20	18	

.

.

(2)

.

(2)

5	3	8	20	30	
12,5	%7,5	%20	%50	%75	

. .(3)

(3)

%33,3	9	%74	20	27	
%15,3	2	%38,4	5	13	

.

. (4)

-

:

(4)

12-10	9-7	6-4	3-1	
17	7	9	7	

%50

(5)

.

:

(5)

	5
	SCC
	SCC

SCC

. 14 لـ

(6)

: .

-

.

(6)

	S.C.C		
2	4	20	
-	14	-	
1	1	-	

Discussion

Paps smear

Transitional zone

SCC

(10-9-8-7)

.

-

.

(9-2-12)

.

.(11-15-14-13)

(9)

.

%30

/PET/*

.(16-15)

(15)

-20-5-12-19-18-14-17) .

.(22-21 –

. * PET :

Positron Emission

.Tomography

(Staging)

.[10-8-7] :

(7)

	SCC							
Stage		Differentiated			Duke			
3	2b	Poorly	Moderate	Well	C	B2	B1	A
1	1	5	5	8	6	10	4	0

-

%50

3

SCC

SCC

.[24-23-19-18-17-14] ل %70

ل %25

.[25-19-18-17-14-12-5]

- –

5 – %15

–

.%12,5

4

.[16]

.[26]

[28-27]

.

SCC

APR

. .

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