Case Report of Long Term Survivor of Metastatic Cloacogenic Carcinoma of The Anal Canal with Chemotherapy

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Abstract

A fifty-two years old Egyptian lady, case of cloacogenic carcinoma of anal canal with extensive liver metastasis showed complete remission with 5-Fluorouracil (5FU) And Cis-Dichlorodiammineplatinum (CDDP) chemotherapy only and remains disease free five & half years after therapy.

Key words

Cloacogenic carcinoma, 5FU, CDDP, Anal canal.

Introduction

Cloacogenic carcinoma of the anus is a rare neoplasm accounting for 2-3% of all ano-rectal tumors. This lesion is also referred to as transitional cloacogenic carcinoma, squamoid carcinoma or basaloid carcinoma. There are few reports on the use of chemotherapy in metastatic cloacogenic carcinoma and long term survivals are nonexistent. This is the first case report of complete regression with 5-FU and CDDP chemotherapy, which has been maintained five & half years after treatment.

Case Report

A fifty-two years old Egyptian female underwent excision of a broad based mass 2.5 cm x 2 cm x 1 cm in November 1997. Histology showed tumor with features of basaloid squamous cell carcinoma with nuclear Grade II and 6 - 8 mitotic figures per high power fields. The lesion extended to muscularis propria. Both resection margins were involved by the tumor.

Features were consistent with basaloid squamous cell carcinoma. C.T. scan abdomen and pelvis showed numerous liver metastases involving almost the entire right lobe (Fig. 1).

Fig. 1: Pre-chemotherapy CT scan, Nov. 1997, showing extensive liver metastasis.

Five needle aspiration cytologies from the liver under ultrasound guidance came positive for cancer cells consistent with metastases from anal canal carcinoma of cloacogenic type (Fig. 2).

Fig. 2: Ultra-sound guided aspiration cytology from a focal lesion in the liver showing metastatic cells.

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Chest X-ray, blood count and blood biochemistry were normal. She received a total of seven courses of chemotherapy in the form of Cis-Dichlorodiamminoplatinum 100 mg/m² Day 1 and 5-FU, 600 mg/m² continuous infusion for 5 days. Each cycles were 3 weeks apart. Last course was given in July 1998.

Radiologically there was 60% regression of the liver metastases after 2 courses and CT scan after 5 courses of chemotherapy showed a complete response (Fig. 3).

The patient remained clinically free of disease locally as by per-rectal examination and by proctoscopy. In view of the unusually good outcome, the pathology was reviewed for a second time and the diagnosis of basaloid squamous cell carcinoma was confirmed. Further chemotherapy was withheld because of uncontrolled hypertension and lowering of creatinine clearance. It was initially planned to treat her with local radiotherapy after completion of chemotherapy, but as she was completely asymptomatic & clinically disease free locally, it was decided to keep her on follow up. Patient has been since then on follow-up and remained disease free clinically and radiologically to date i.e. five & half years post treatment. (Fig. 4)

**Discussion**

Squamous cell carcinoma of anal canal account for 2.5% of all large bowel cancers. One-third to two-thirds of these are of cloacogenic (basaloid) type in various series. Cloacogenic cancers characteristically arise from the endodermal-ectodermal junction zone of the upper anal canal. There are numerous articles on the clinico-pathological features of this tumour\(^1\), but only scanty literature is available on chemotherapy of metastatic cloacogenic carcinoma.

Kher et al \(^5\) reported on 3 patients with liver metastasis treated with 5FU. One patient was treated with hepatic arterial infusion of 5FU and the other two patients with weekly intra-venous 5-FU without subjective or objective response. 5-fluorouracil as a single agent was also ineffective in another report \(^6\). One patient had a partial response after treatment with combination vincristin and bleomycin. \(^7\)

Fisher & his colleagues \(^8\), reported the first major response to chemotherapy alone in metastatic cloacogenic carcinoma. He discussed a patient, who had complete regression of pulmonary lesion with adriamycin given for four months. Then, upon progression of the lesion, treatment with 5-FU and mitomycin C was ineffective. A subsequent course of CDDP produced 50 – 75% regression of pulmonary lesion for four months.

In another report \(^9\), documented failure of a patient with pulmonary metastasis from cloacogenic carcinoma to respond to 5-FU was followed by 75% regression of pulmonary metastasis after treatment with semustine. The response was maintained for fifteen months.
Nigro & his group\textsuperscript{(10)}, reported good regression in one patient with liver metastasis treated with chemotherapy in the form of 5FU and mitomycin-C and radiation to the liver.

Carey et al \textsuperscript{(11)}, reported on a patient with pulmonary metastasis, who progressed on 5-FU chemotherapy but had good partial response when CDDP was added. Observed response was maintained for eleven months. Ohzato et al \textsuperscript{(12)}, reported on two cases of cloacogenic carcinoma whose pulmonary & hepatic metastasis were successfully treated with CDDP inspite of the limited effect on the primary anal lesion. In the first case local recurrence which developed two months after initial surgery was treated with 5FU and local radiotherapy. Four months later multiple pulmonary metastatic lesions developed in addition to local recurrence. This was treated with CDDP and patient achieved complete regression of the pulmonary lesions one month after chemotherapy. She then developed multiple liver metastasis which regressed after bilateral iliac artery chemotherapy with CDDP. At the time of reporting the patient was alive with local recurrence one year & three months after initial surgery. The second case had liver metastasis at initial surgery. Treatment with mitomycin C, adriamycin & 5FU was ineffective but intrarterial CDDP every two weeks produced partial response of the liver metastasis though local tumour did not respond & the patient developed peritoneal dissemination of the disease five months after initial surgery.

In the case presented here, the patient had liver metastasis at presentation and therefore no further local treatment was given after the initial excisional biopsy. Chemotherapy with 5FU & CDDP produced the 60% regression of liver metastasis after two courses and complete response after five courses of chemotherapy. This remission is maintained till last follow up i.e. sixty six months after treatment. This is the first reported case with long term survival of cloacogenic carcinoma of anal canal with liver metastasis in the literature.

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**References**

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