항문 통증을 주소로 내원한 49세 남자 환자

순천향대학교 서울병원

소화기내과

조윤호, 전성란, 김현건, 김진오

49/Male

Chief complaint

- Anal pain & general weakness

Onset) Several months ago

Present illness

- 상기 환자 2003년 Crohn's disease 진단 후 anal stricture, terminal ileum stricture로 시술 및 수술 치료 지속해오던 분으로 수개월 전부터 악화된 항문 통증, 배뇨장애, 전신쇠약으로 외래 통하여 입원.

Past history -1

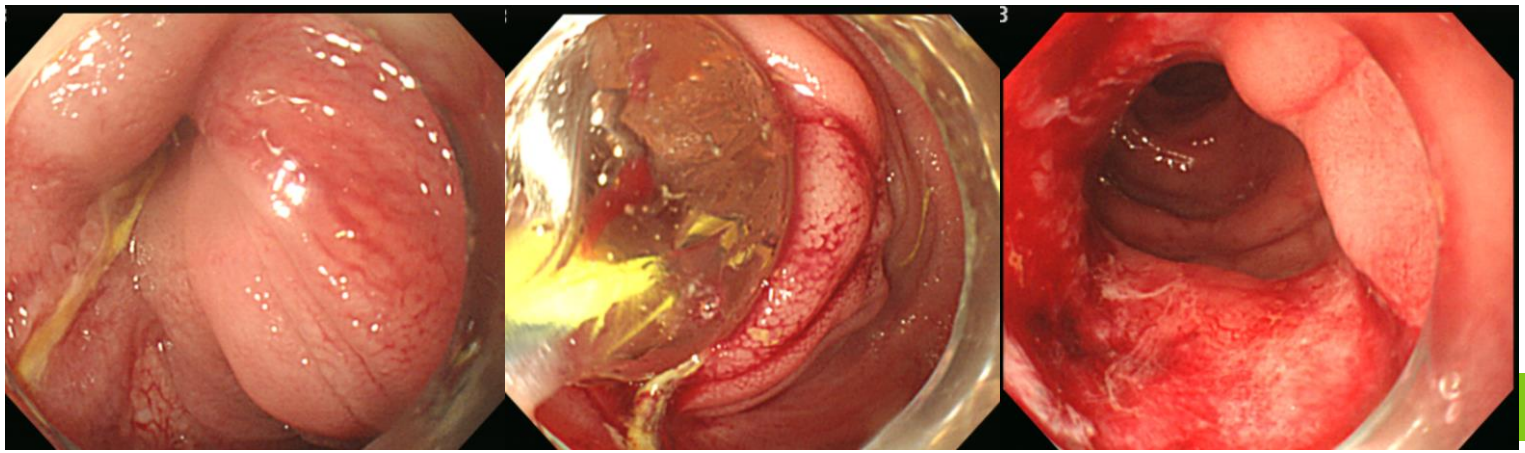
- **Medical & Operation Hx**
  - 2003년 Crohn's disease 진단
  - 2007년 Anal stricture, terminal ileal stricture 진단

: Steroid > AZA self stop > Anal fistulotomy, dilation OP > F/U loss

  - 2015년: 치료 재 시작

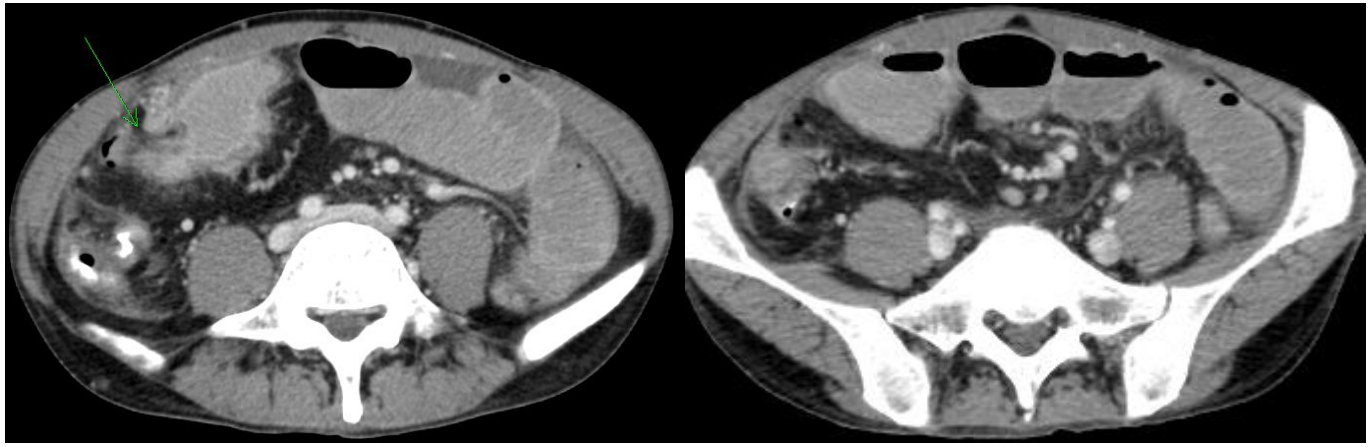
> Steroid 20mg, AZA 75mg 2개월 후 악화로
Infliximab (2015.05-2015.08) – Pleural effusion 발생
Adalimumab (2015.09-2018.10)

- Anal stricture > hegar dilation (2016 & 2018) & digit dilatation
- TI stricture > TI balloon dilation (2016 & 2018)



Past history -3

- Balloon dilation 후 bowel perforation (2018)



> Ileocecectomy

- Adalimumab re-start > 2019년 f/u loss
  - 2022년 Anal fistula OP

- **Social hx**
  - Smoking: 0.1 pack x 30 years

ROS & P/Ex

- **ROS**
  - General weakness (+)
  - Anal pain (+): NRS 5, - Anal discharge (+)
  - Nausea/Vomiting (-/-), - Diarrhea/hematochezia (-/-)
  - Voiding difficulty (+)
- **Physical examination**
  - V/S: BP 112/70 – HR 80 – RR 18 – BT 36.3, BMI 16.32 (50kg)
  - Chronic-ill looking appearance
  - Abdomen: soft & flat/normal Bowel sound, T/rT (-/-)
  - Anus: nearly total stricture

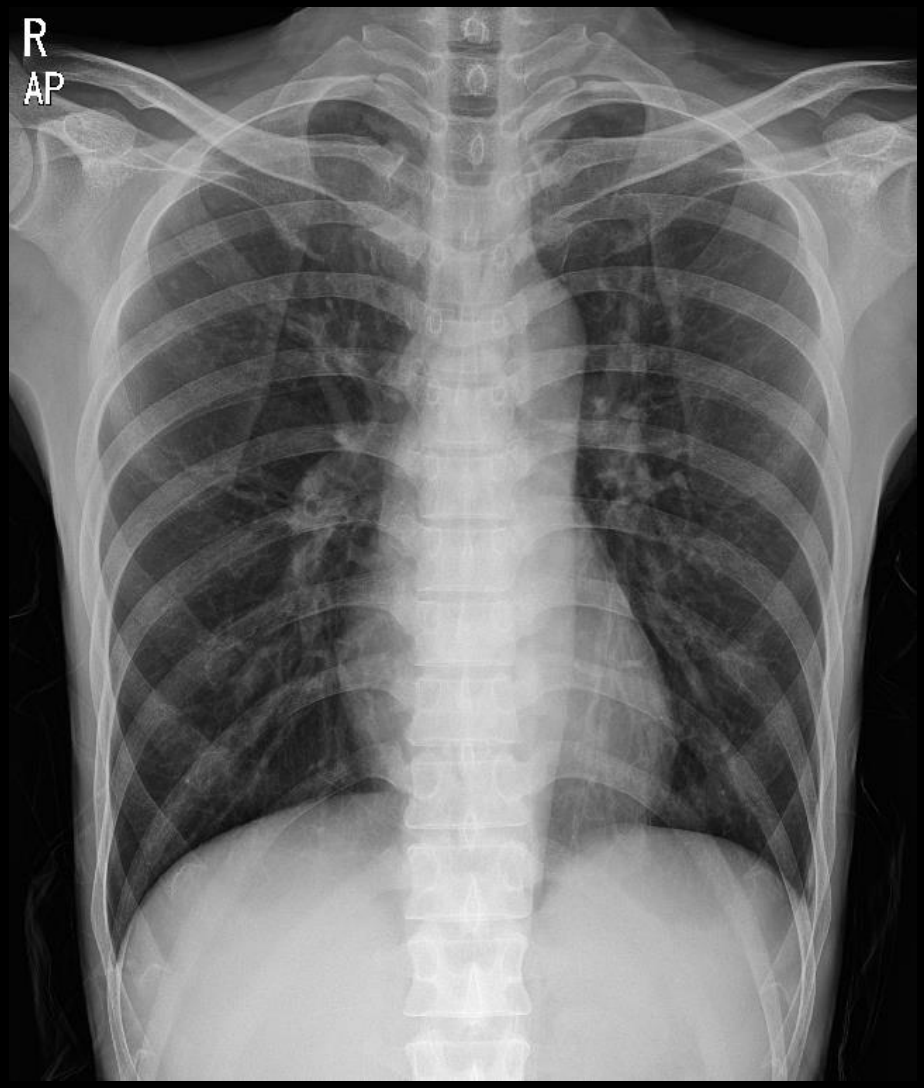
Laboratory finding

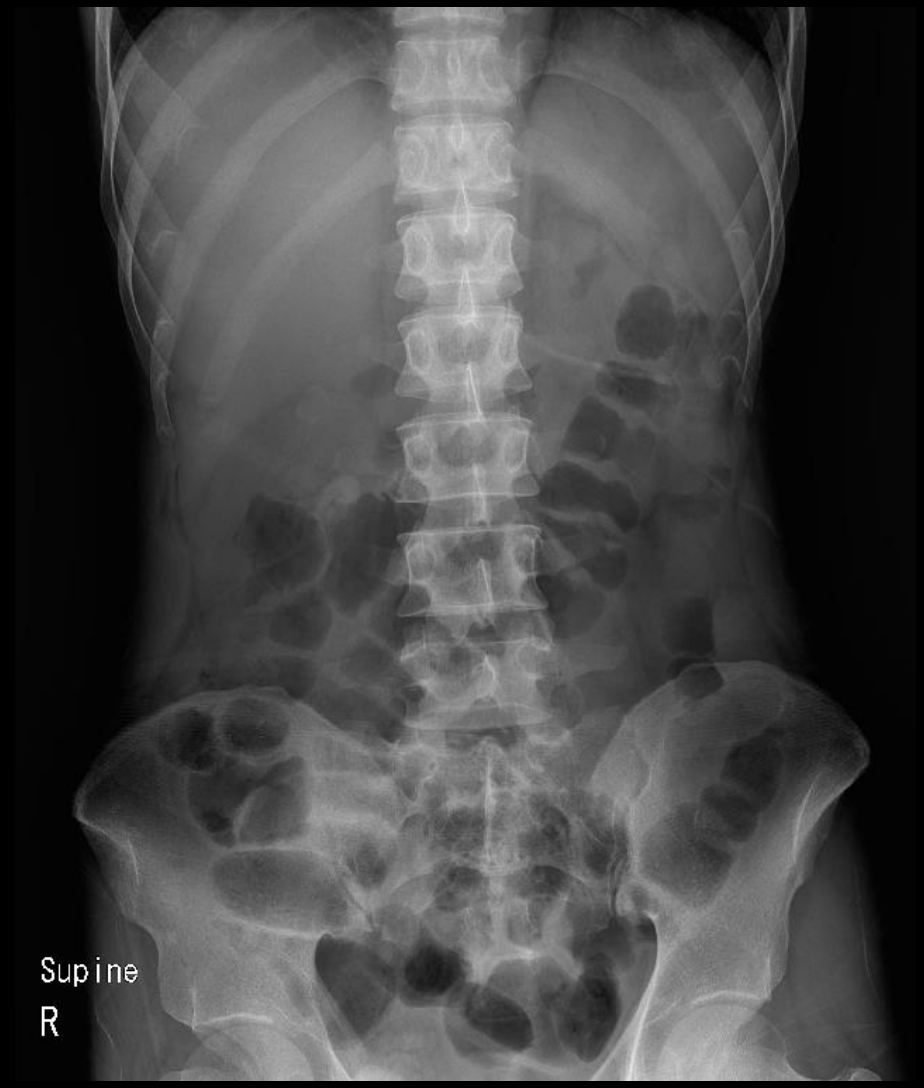
- 11,000/㎕ (neu 91.5%) - 9.0g/dL/29.5% - 457,000/㎕
- AST/ALT/T.Bil 9 U/L – 11 U/L – 0.3 mg/dL
- Na/K/Cl 141 – 2.9 – 105 mmol/L
- ESR/CRP 104 mm/hr – 2.29 mg/dL
- BUN/Cr 14.2 mg/dL / 1.10 mg/dL
- Alb/Protein(Total) 3.8 g/dL / 7.0 g/dL

- CEA 5.8 ng/mL, CA19-9 13.5 / PSA 0.9
- HBsAg/HBsAb (-/+), HCV (-), HIV Ag/Ab (-/-) / RPR (-)

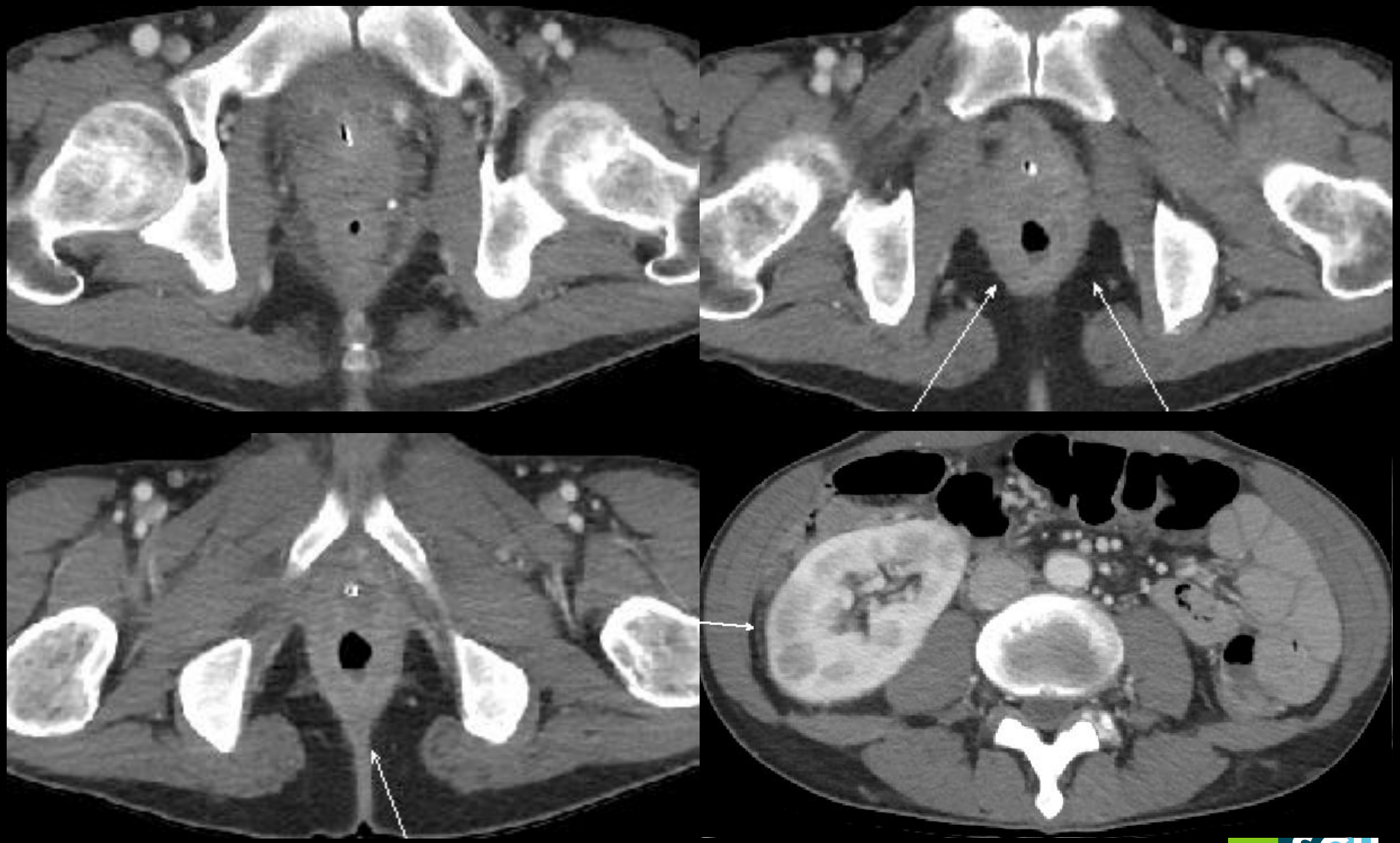
- ASCA/ANCA (-/-)
- Stool calprotectin : 418 mg/kg

Chest AP & Simple abdomen (HAD#1)

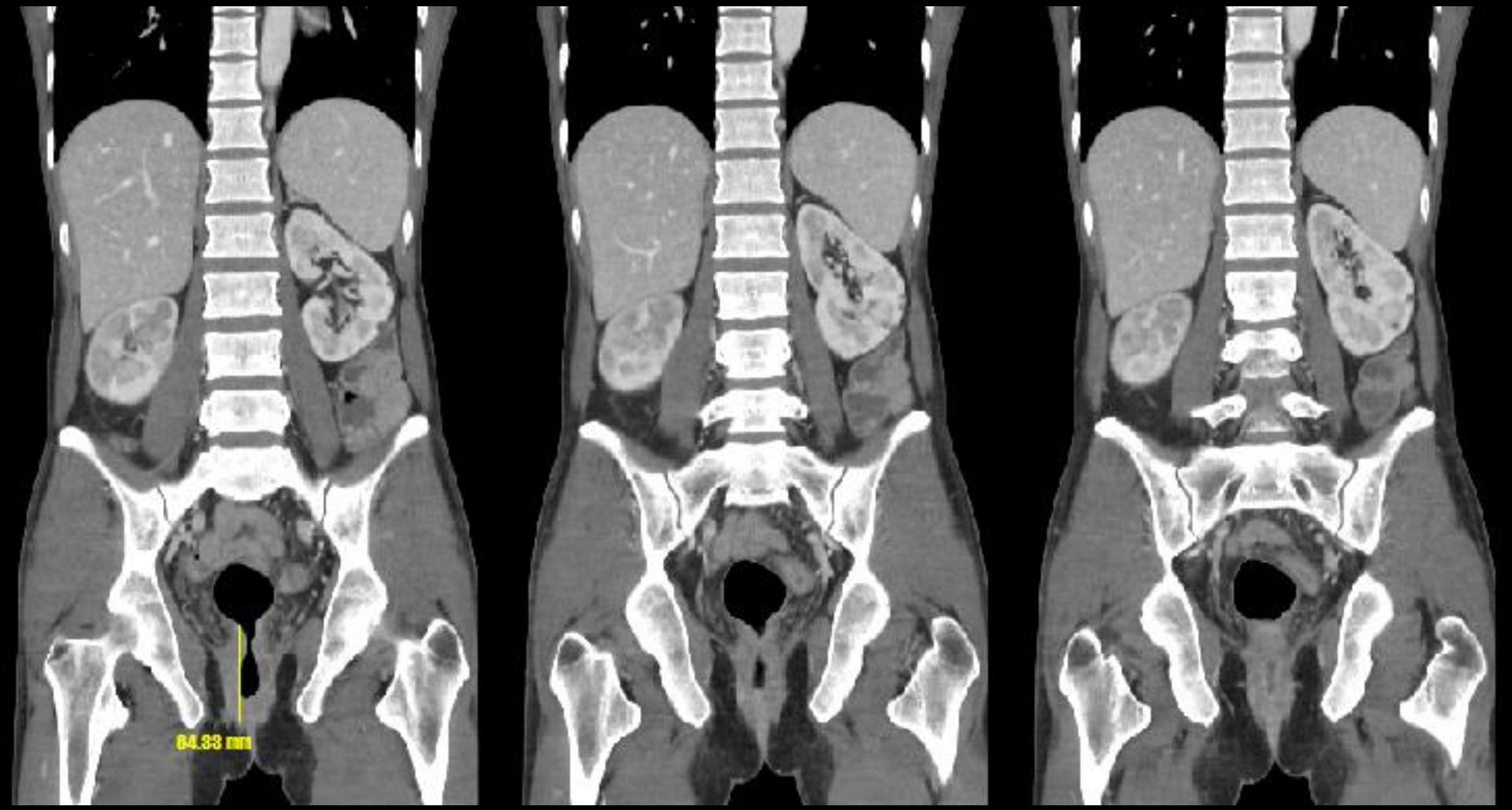




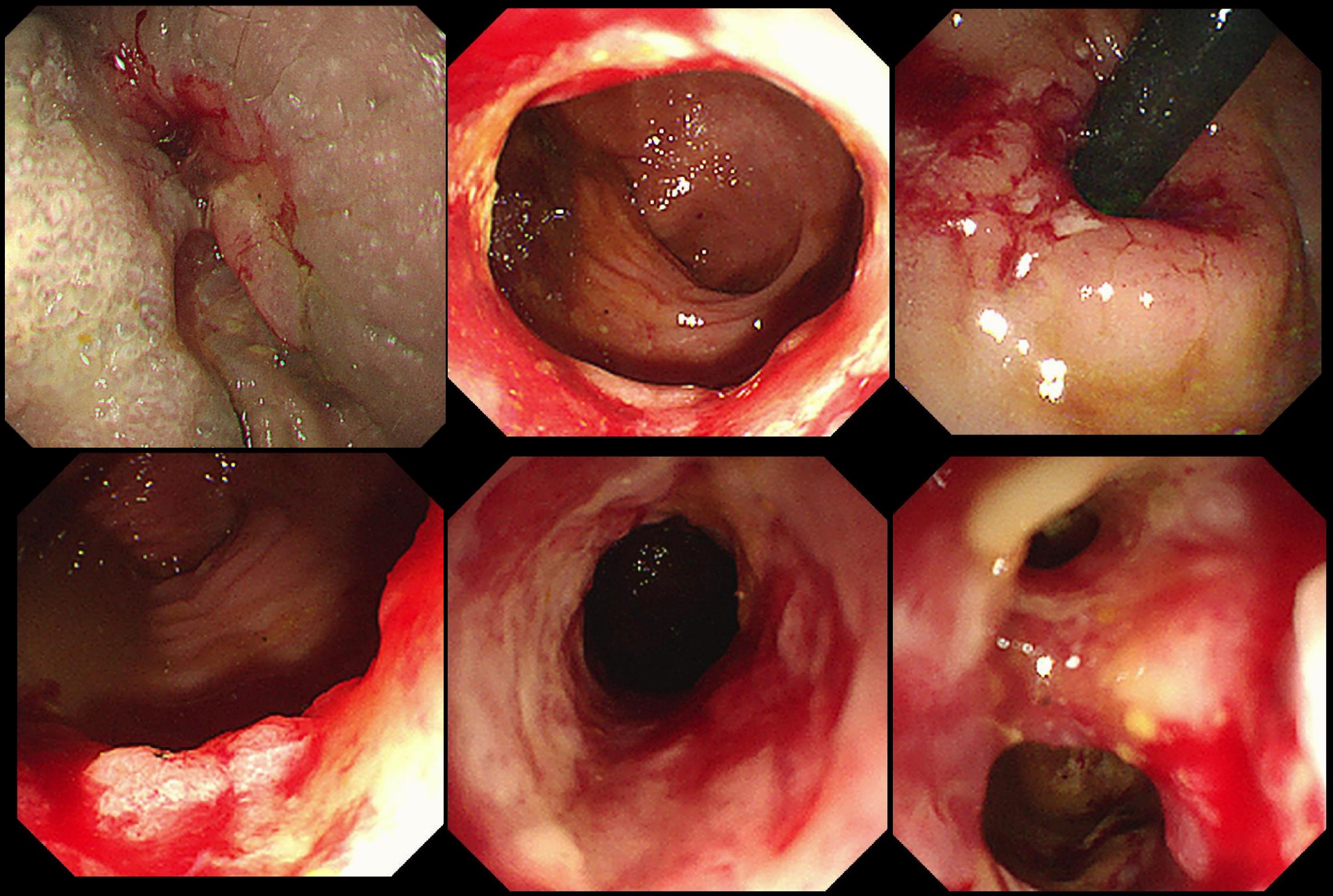
AP-CT (HAD#1)



AP-CT (HAD#1)



Sigmoidoscopy (HAD#2)



[DIAGNOSIS]

Colon, colonoscopic biopsy:

No.1

1 to 4: A tiny fragment of tissue showing a few atypical glandular cells in ulcer (necroinflammatory exudates), see note.

5: Few atypical glandular cells in lamina propria, see note.

No.2

1 to 3: A tiny fragment of tissue showing ulcer and few atypical cells.

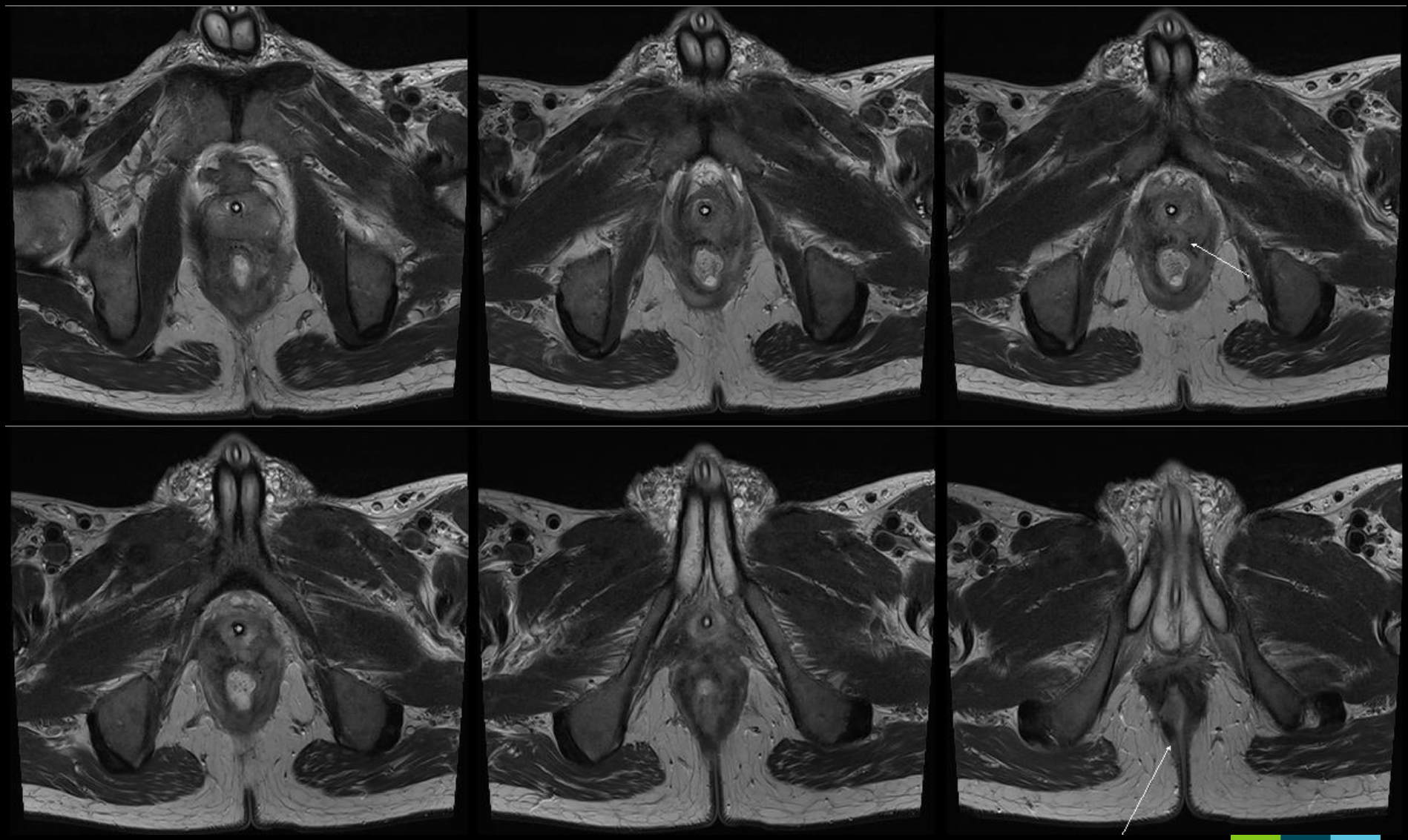
Note) 1. Findings are highly suggestive of adenocarcinoma.

2. The results of immunohistochemical stainings:

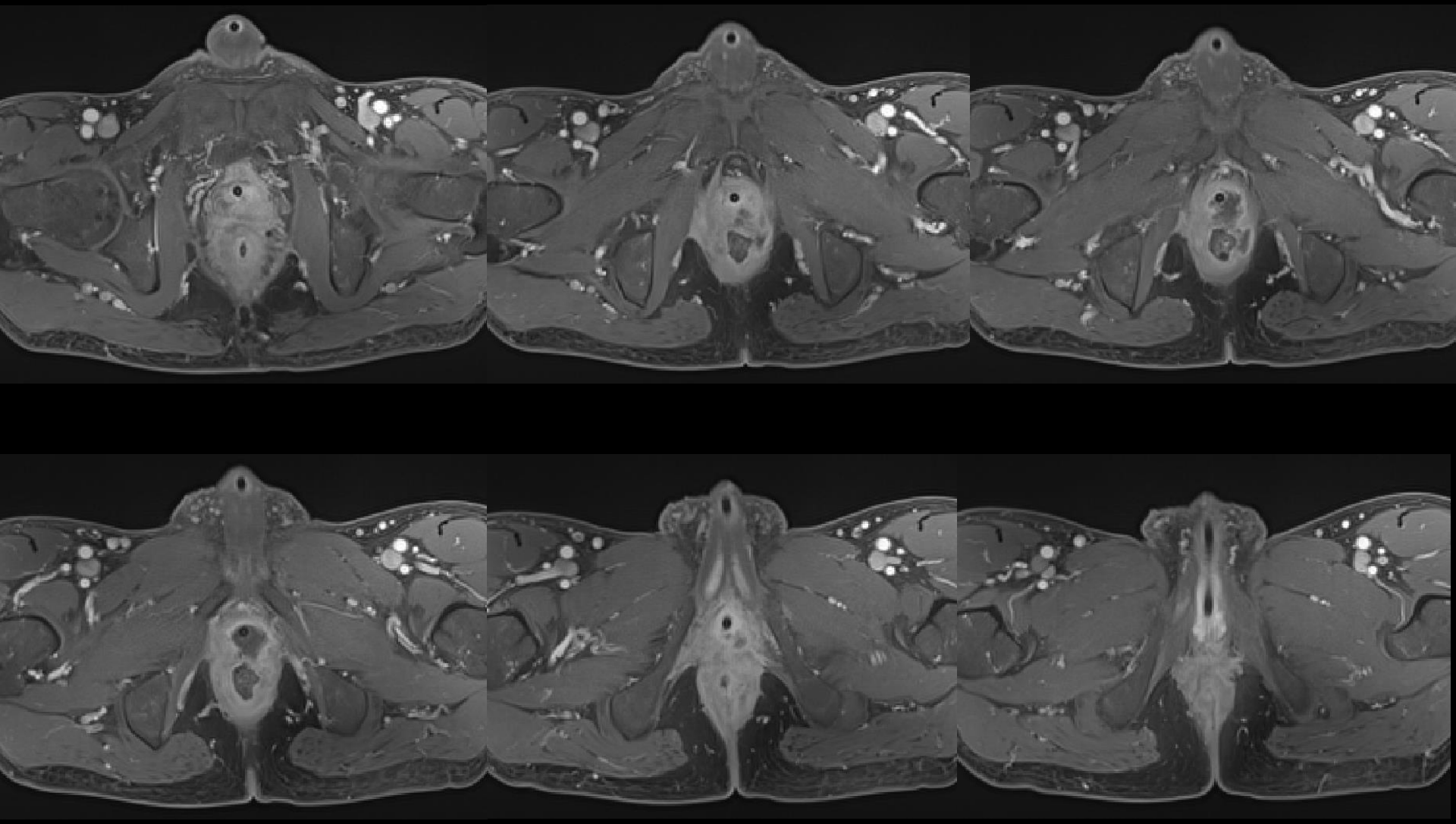
CK (+), Ki67 (+, increased), p53 (-).

3. There is a diagnostic limitation due to size of the specimen and ulcer.

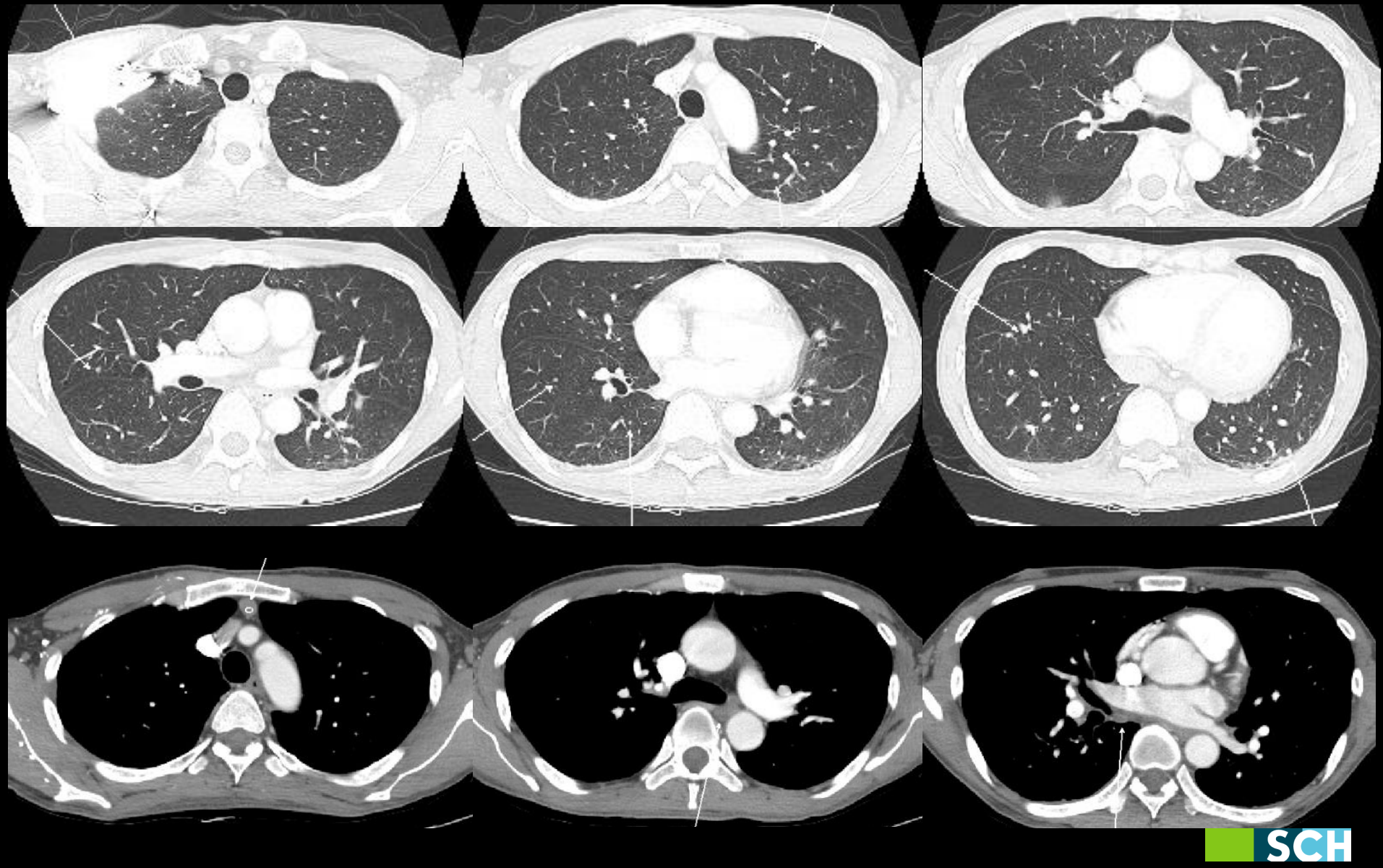
Pelvic MRI – T2 Axial (HAD#5)



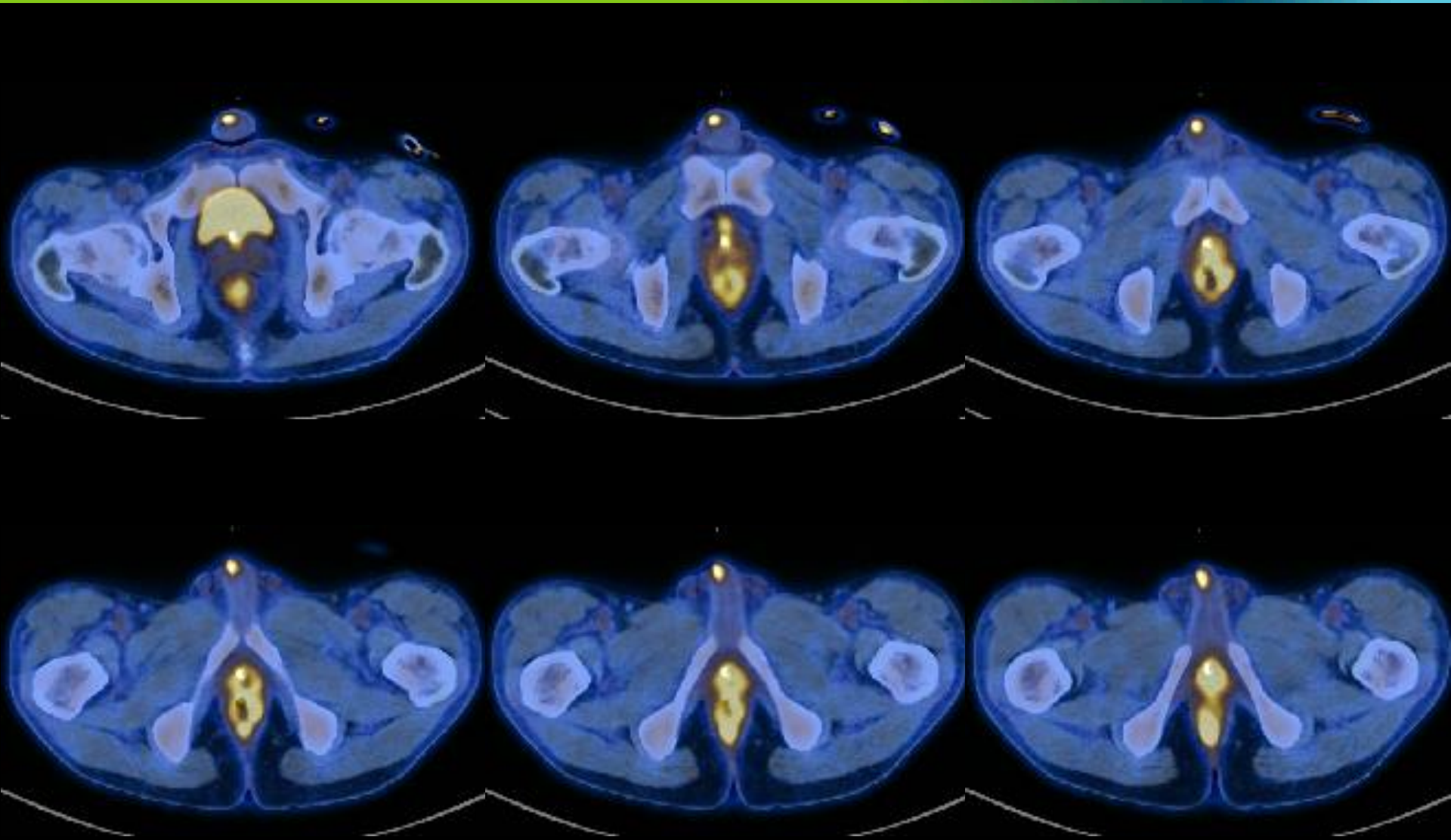
Pelvic MRI – T1 CE (HAD#5)



Chest CT (HAD#9)



PET-CT (HAD#9)



Diagnosis & treatment plan

- Anal canal adenocarcinoma with
  - r/o Hematogenous lung metastasis
  - r/o Urethral direct invasion
- Crohn's disease with ano-urethral fistula and anal stricture
  - s/p Anal fistulotomy
  - s/p Anus hegar & digit dilation
  - s/p Terminal ileum balloon dilatation
  - s/p Ileocecectomy d/t balloon dilatation

  > GS/URO combine OP

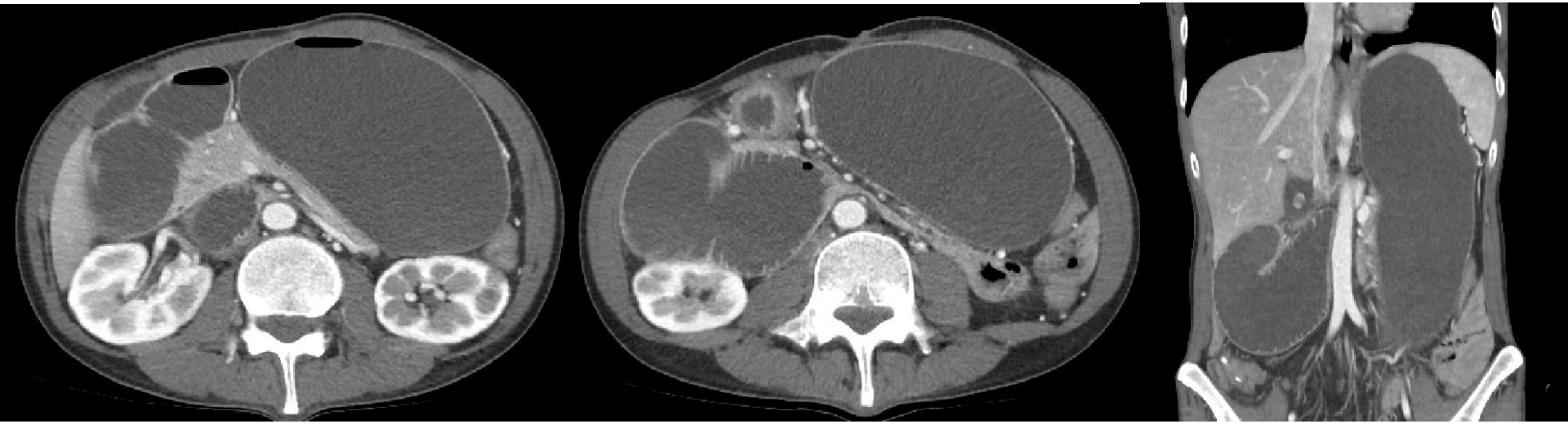
- Rt. APN
- Multiple bladder stones

  > Antibiotics tx.

  > Cystolithotomy

Hospital course: APCT (HAD#16)

d/t Nausea, Vomitting

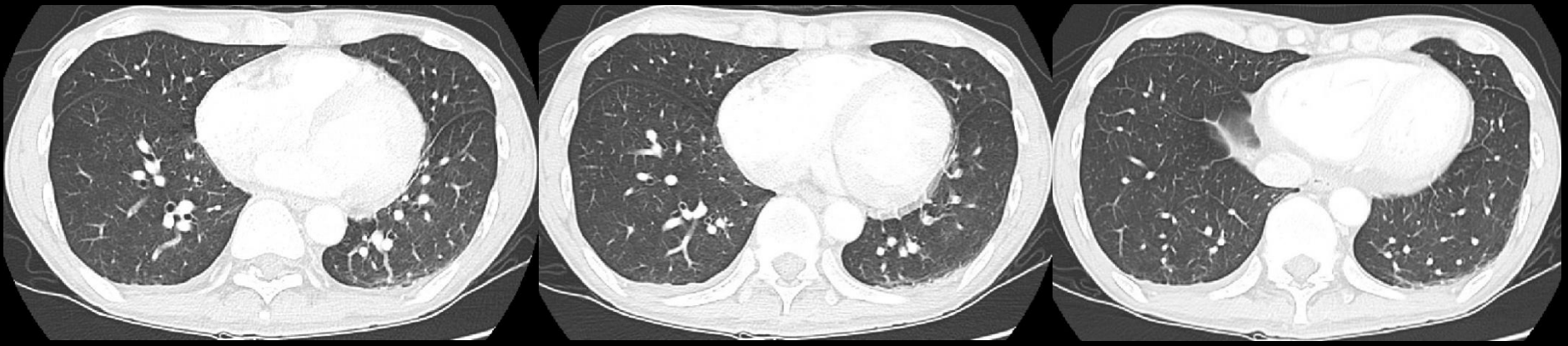


> SMA syndrome

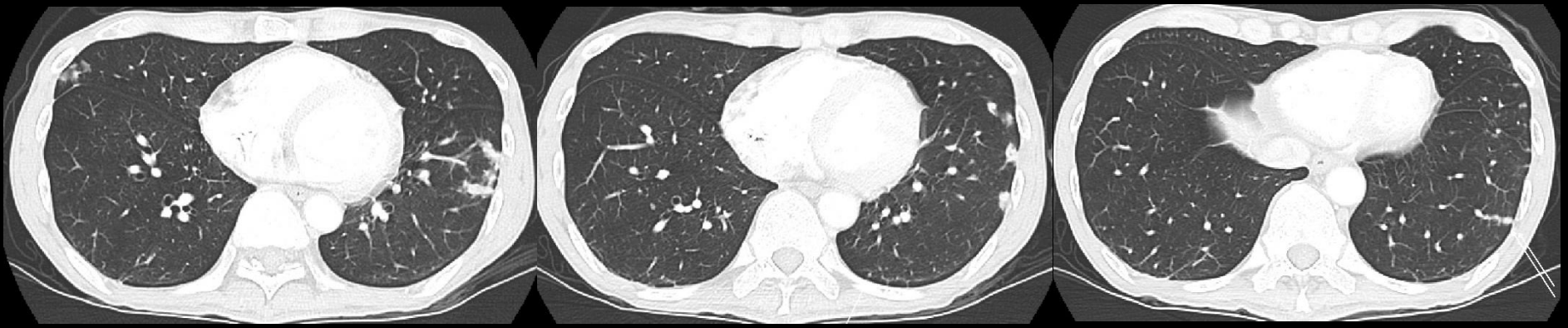
Hospital course: Cystolithotomy (HAD#34)

Hospital course: Chest CT (HAD#40)

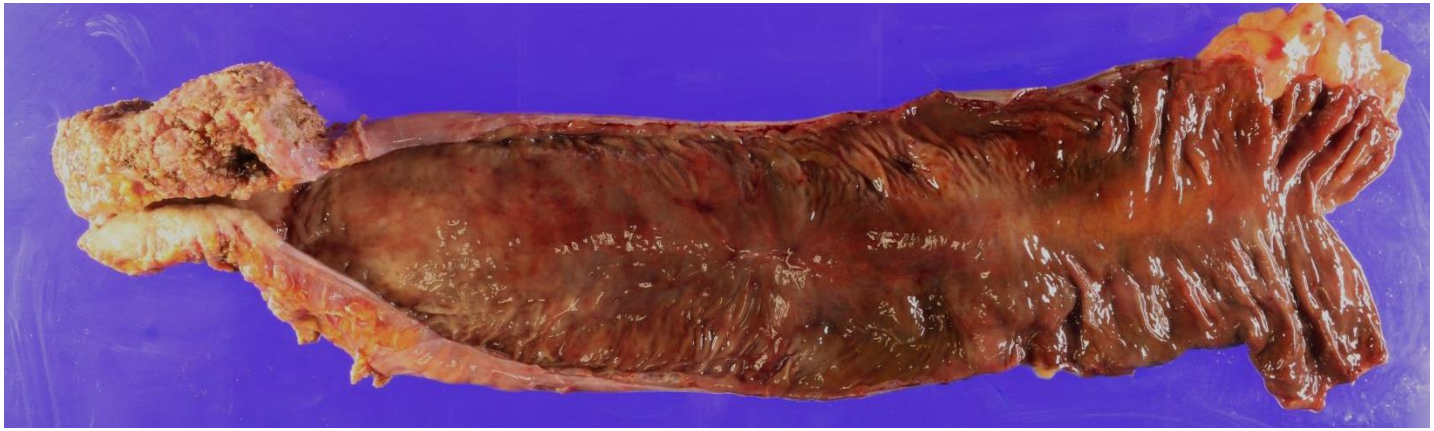
HAD#9 Chest CT



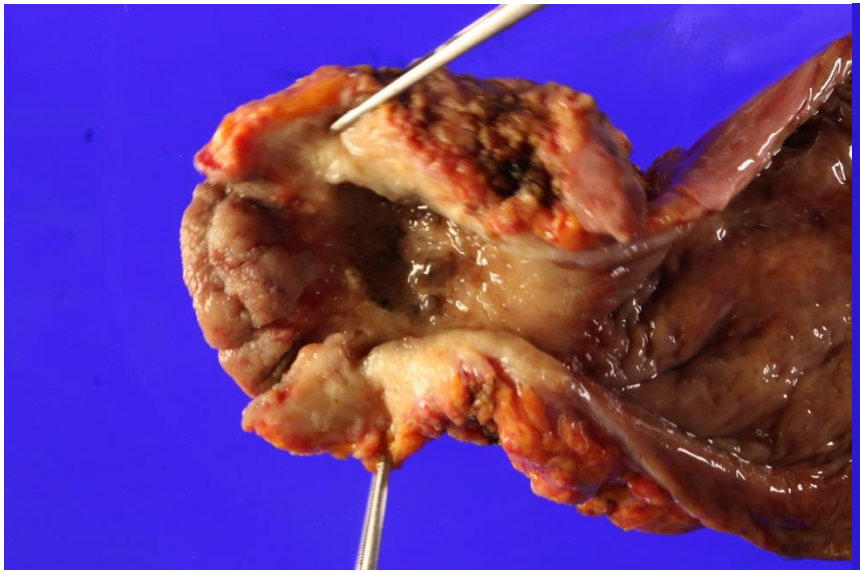
HAD#40 Chest CT

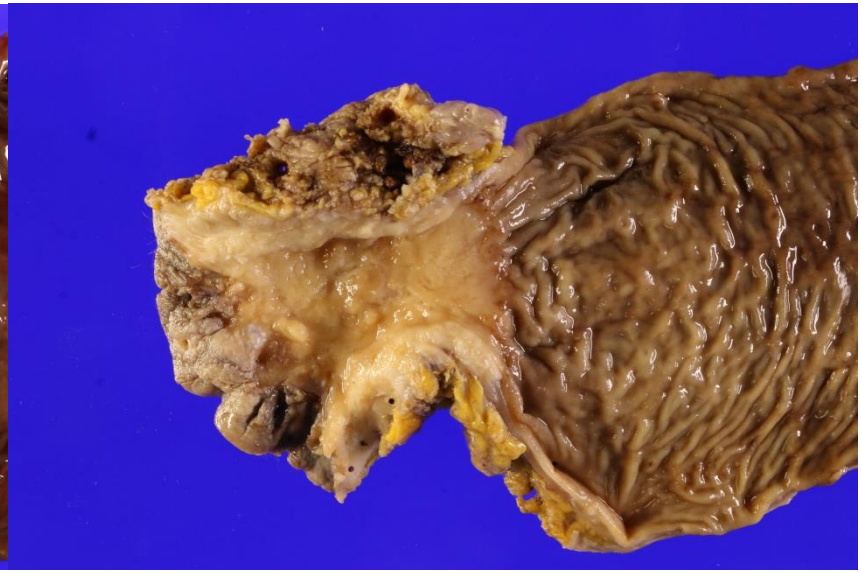


Miles' OP & Rectourethral fistula repair: Gross findings



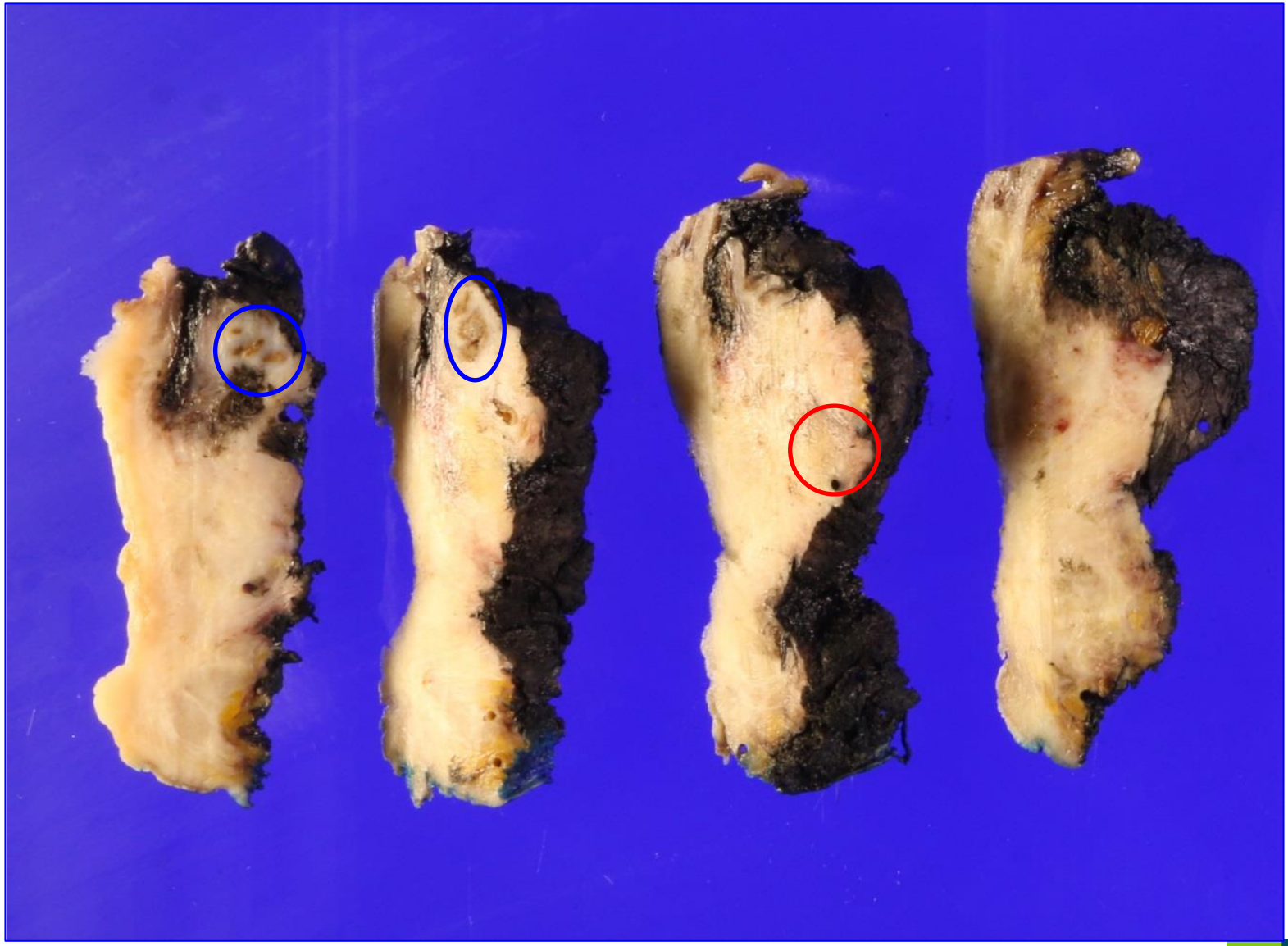
Whole specimen



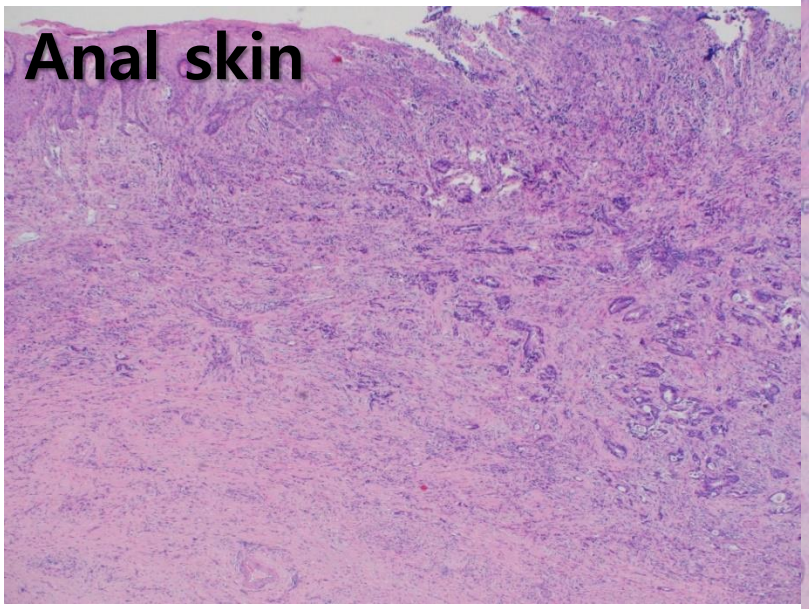


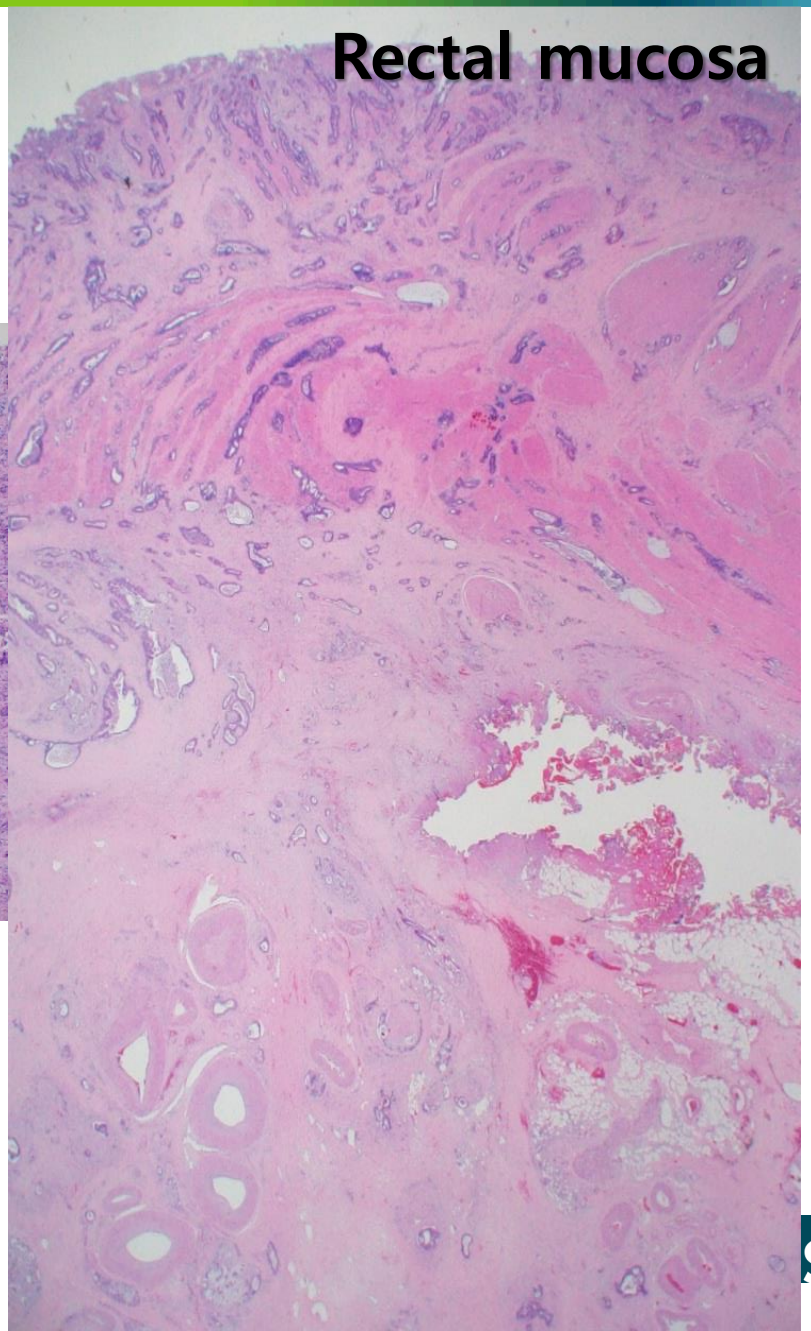
Anus

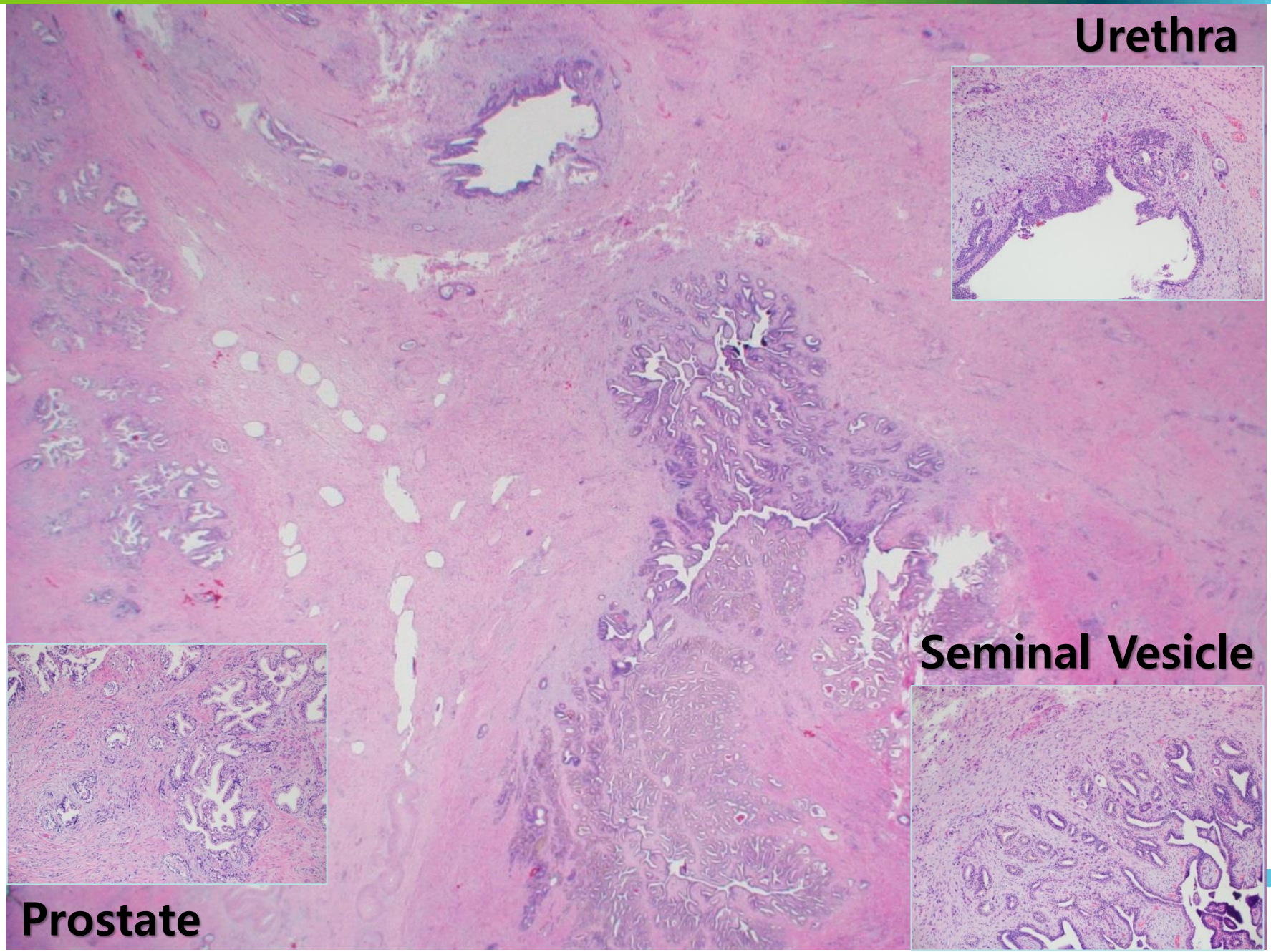
Seminal vesicles & prostate gross findings



Pathology – Microscopic finding






Urethra
Seminal Vesicle
Prostate

[DIAGNOSIS]

Colon to anus including anorectal junction, laparoscopic abdominoperineal resection:

1. Anal canal: Adenocarcinoma, moderately differentiated, focally mucinous.
   i) Depth of invasion: Perirectal soft tissue and direct invasion to the adjacent prostate and seminal vesicles and downward spread to the anal skin.
   ii) Lymphovascular, neural, and perineural invasion: Frequently identified.
   iii) Residular adenoma (-), Crohn like lymphoid reaction (-), Tumor budding (+, many).
   iv) TNM stage by AJCC, 8th ed., 2017: pT4N0.
2. Resection margin: i) Proximal and distal: Free of tumor.
   ii) Radial: Extension of tumor.
3. Surrounding mucosa: Focal submucosal fibrosis, suggestive of previous healed ulcer, without definite evidence of chronic inflammatory bowel disease.
4. Lymph node, regional (0/53): Reactive hyperplasia without tumor metastasis.

[ADDENDUM REPORT]

2022년 8월 23일 병리과 전문의 진소영

The results of immunohistochemical stains:

p53 (-), beta-catenin (cytoplasmic +), HER-2 (2+, Equivocal), EGFR (+), PSA (-), CDX-2 (+)

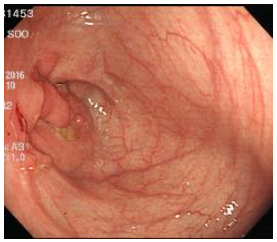
MSH-6 (+, no loss), MSH-2 (+, no loss), MLH-1 (+, no loss), PMS-2 (+, no losss).

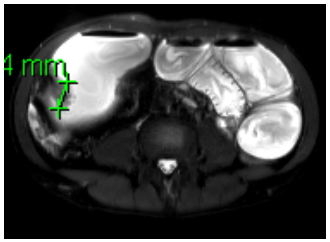
Final diagnosis

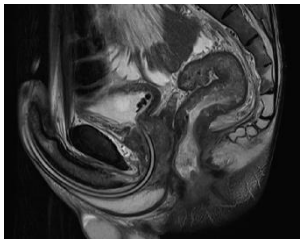
- Anal canal adeocarcinoma with
  - Hematogenous lung metastasis
  - Urethra, seminal vesicle & prostate direct invasion (pT4N0M1, stage IV, AD, MD, focally mucinous)
- Crohn's disease with ano-urethral fistula and anal stricture
  - s/p Anal fistulotomy
  - s/p Anus hegar & digit dilation
  - s/p Terminal ileum balloon dilatation
  - s/p Ileocecectomy d/t balloon dilatation
  - s/p Miles' OP and URO combine OP
- Multiple bladder stones, s/p stone removal and cystostomy state
- h/o Rt. APN

Case Summary

"07 Anal stricture
SB stricture







"03 Crohn

"15 Anal stricture,
IC valve stricture

"18 Anal stricture,
Ti stenosis

"22 Anal
adenocarcinoma

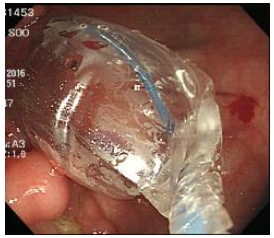
AZA | Infliximab | Adalimumab

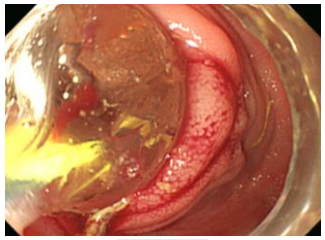
Anus Hegar dil.,
Ti balloon dil.

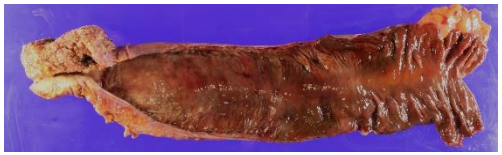
Anus Hegar dil.,
Ti balloon dil.

Abdominoperineal
resection of rectum

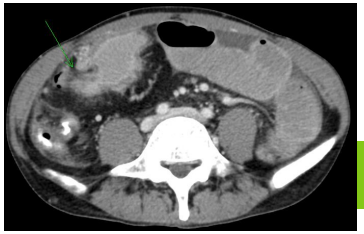
Anal Fistulotomy,
Anal dilatation







Bowel perforation
> Ileocecectomy



경청해 주셔서 감사합니다.