

Routine biopsies of the anal region

an experience from a private laboratory in
Zürich, Switzerland

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Aim

- Number and indications ?
- Problems in diagnosis, reporting and handling?
- New trends?

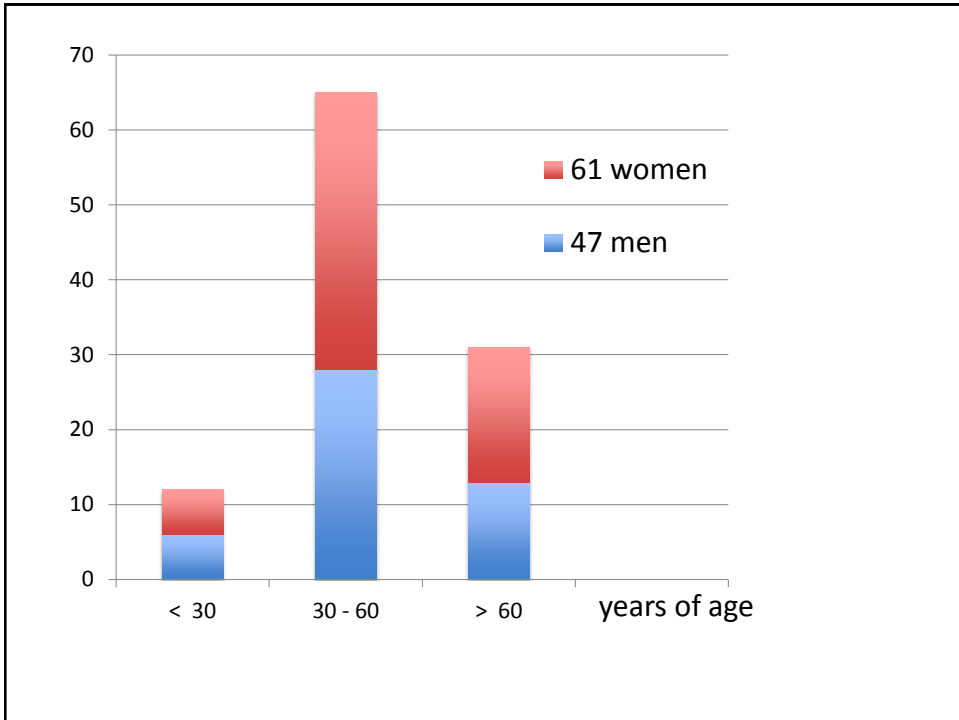
Time interval

- First half of the year 2014

108 patients

- Biopsies and small surgical specimens of the anal region

- (number corresponds to 2% of colo-rectal biopsies)

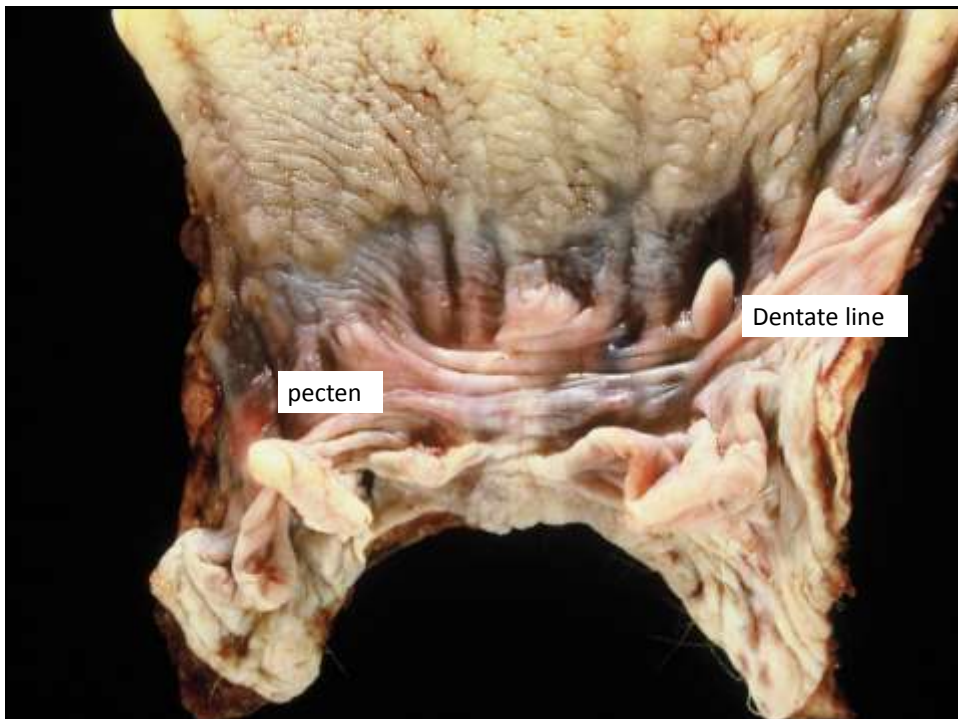


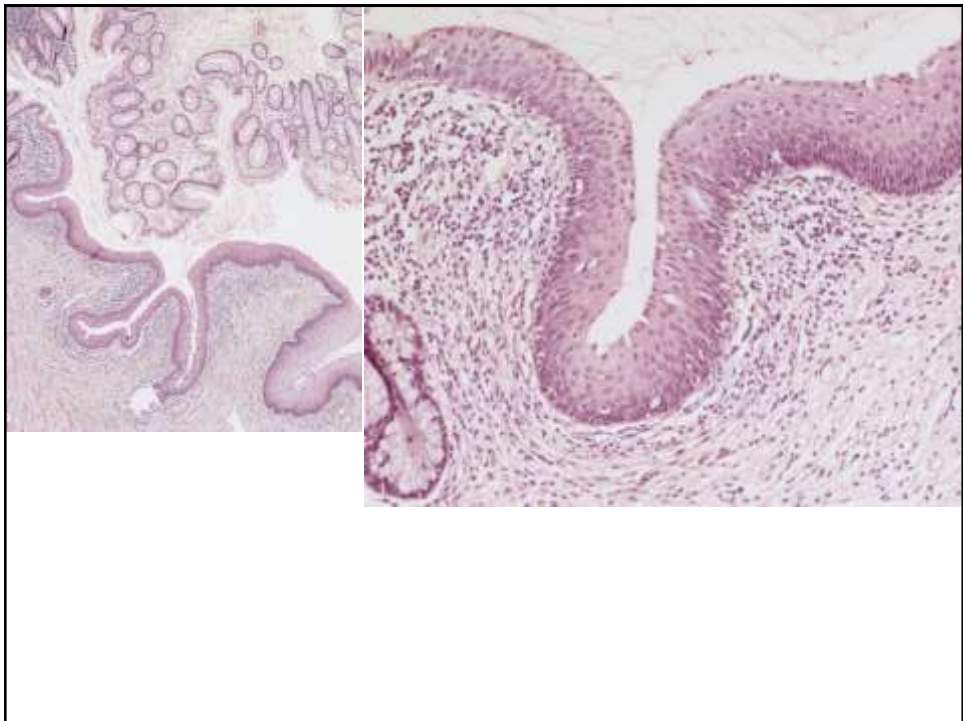
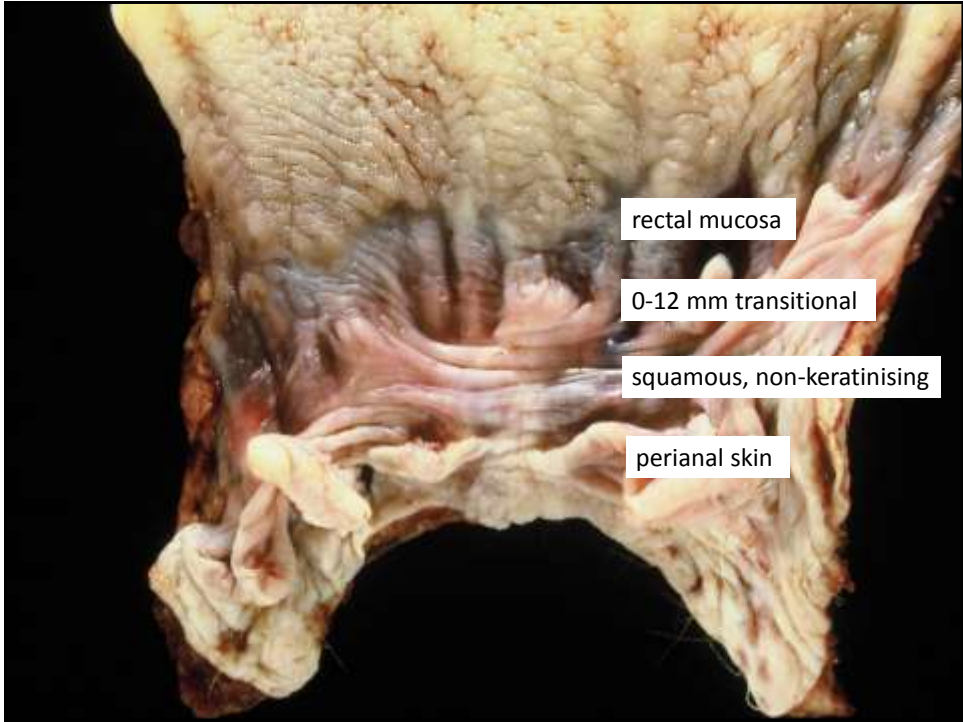
Referred by

- Gastroenterologists 87%
- Surgeons 7%
- Gynaecologists 5%
- General Practitioner 1%

Routine technical handling

- Completely embedded
- cut at three levels
- HE and a connective tissue stain (Van Gieson)





Results

- Fibro-epithelial polyps 39 (36%)
- HPV related lesions 23 (21%)
- Inflammation, ulcers 22 (20%)

- No significant lesion 17 (16%)
- Hemorrhoids 3
- Others 4

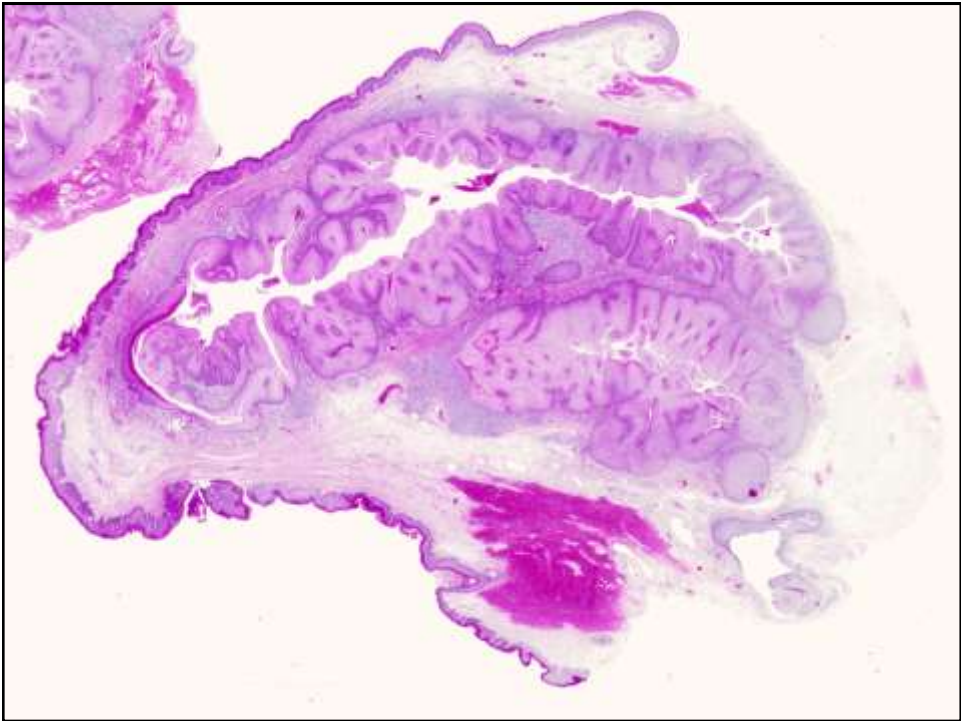
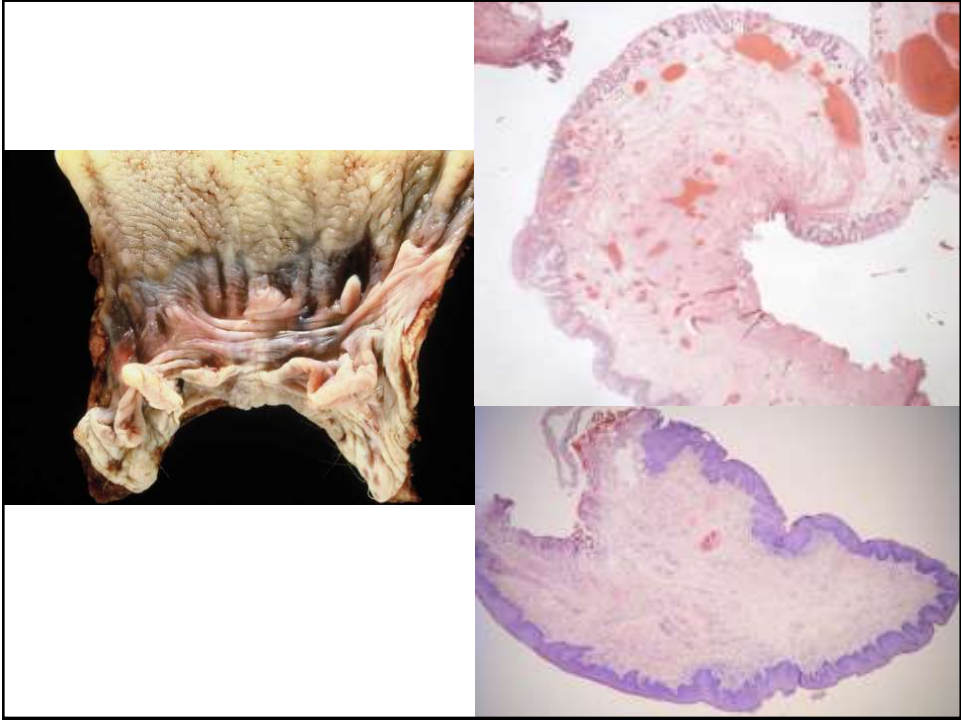
Fibro-epithelial polyps

(39 of 108 patients)



Frequent incidental finding, esp in the elderly

Sometimes thrombosed hemorrhoids or hypertrophic anal papillae
most of them unexplained



HPV-related lesions

(23 of 108 patients)

- Condyloma acuminatum
- „Burnt-out condyloma“
- Anal intraepithelial neoplasia (AIN)
- Anal squamous cell carcinoma

1981, Fenger C, Nielson VT:

306 anal biopsies removed for benign conditions:

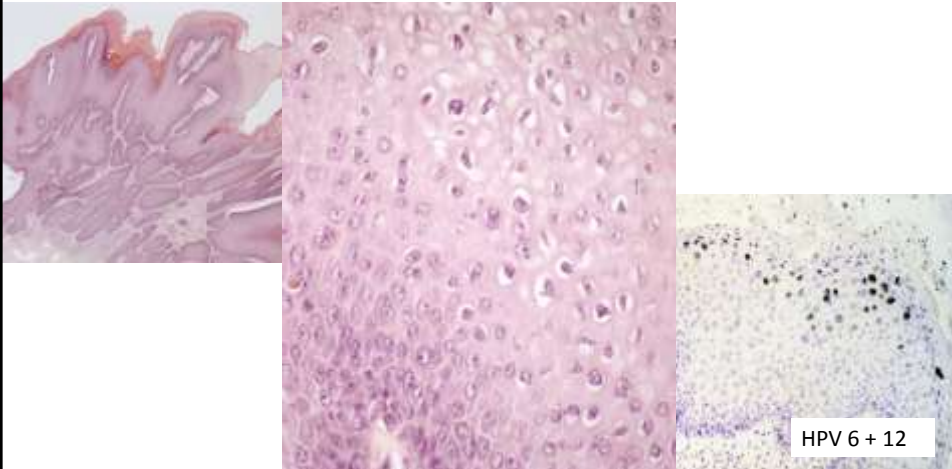
HPV related lesions in 8 %

Squamous dysplasia in 2 %

WHO, 2010:

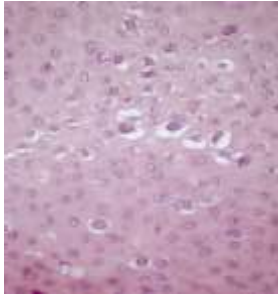
- „Most cases of ASIN are incidental findings.“
- ASIN = anal squamous intraepithelial neoplasia

Condyloma acuminatum (11 of 108 patients)



Are koilocytes by definition low grade intraepithelial lesions?

- Condylomata with dysplasia 7
- Condylomata without dysplasia 4

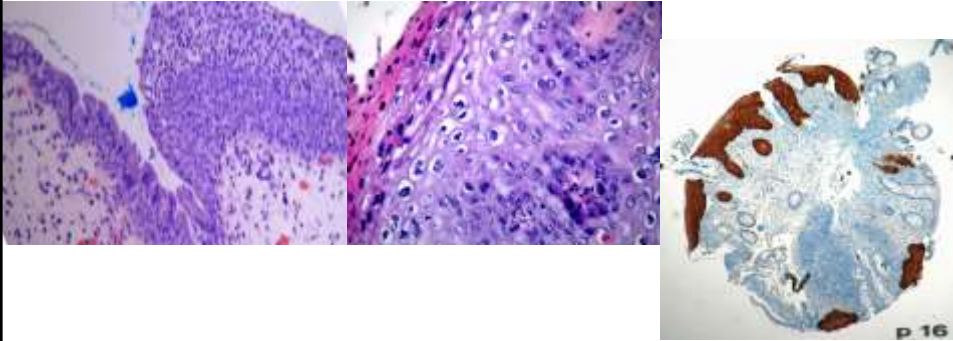


„Condyloma-like lesions“

(7 of 108 patients)

- „probable“ or „burnt-out“ condyloma,
„non-specific squamous hyperplasia“
- Testing for the presence of HPV offered

Anal intraepithelial neoplasia (AIN) (11 of 108 patients)



Mild dysplasia
(5 of 108 patients)

AIN 1

LSIL

Moderate dysplasia
(6 of 108 patients)

AIN 2

HSIL

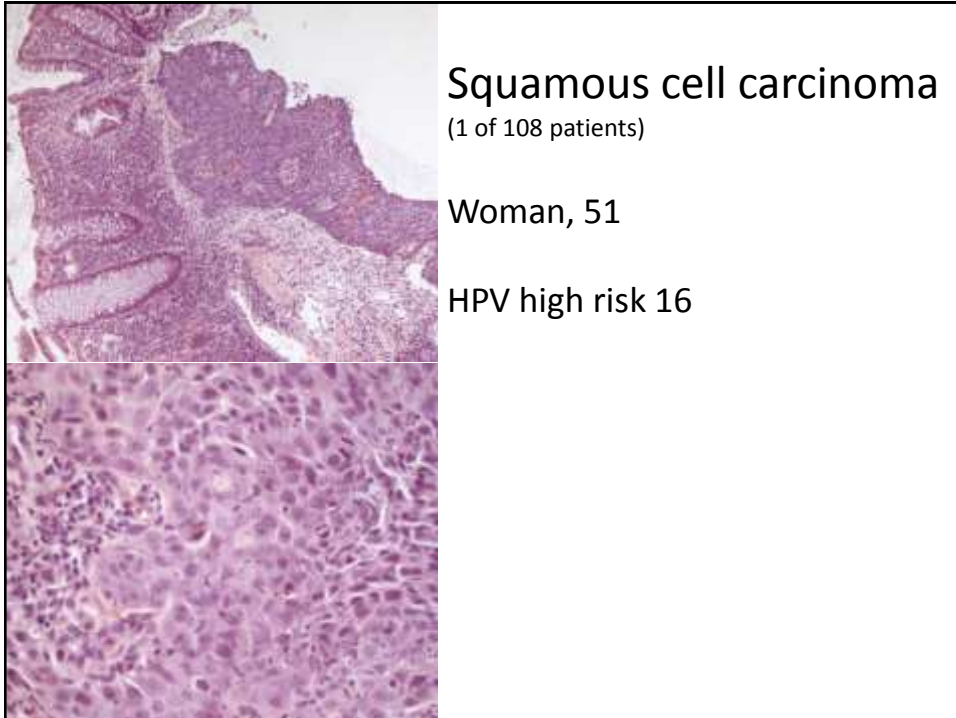
Severe dysplasia
(0)

AIN 3

HSIL

AIN = anal intraepithelial neoplasia

L/HSIL = low / high grade
squamous intraepithelial lesion



Summary, HPV related lesions (23 of 108 patients)

- | | | |
|--------------------|---|-------------------|
| • AIN 1 | 5 | (4 in condylomas) |
| • AIN 2 | 6 | (3 in condylomas) |
| • SCC | 1 | |
| • Condylomas | | |
| without dysplasia | 4 | |
| • „Condyloma-like“ | 7 | |

HPV-related lesions

(23 of 108 patients)

- 16 different referring physicians
- in only 3 of them HPV not mentioned clinically

- 11 men, mean age 44
- 12 women, mean age 55



Other infectious diseases than HPV

None

Enterobius vermicularis

Chlamydia

Herpes

Syphilis

Fungal infection (Diabetes!)

Inflammation +/- ulceration (22 of 108 patients)

1. „Rule out tumor“
2. Consider:
 - common anal fissures, ulcers, fistulas
 - Crohn's disease
 - solitary rectal ulcer syndrome
 - „perianal dermatitis“
 - infection

Fissures / ulcers

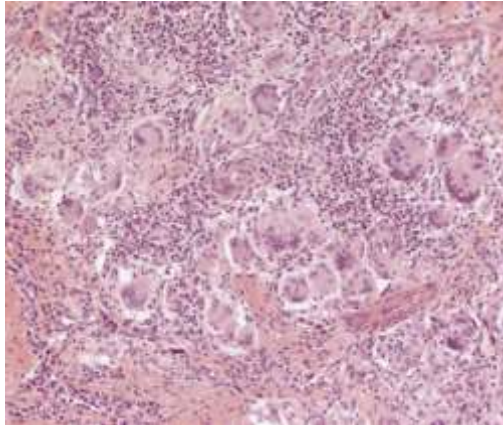
acute



chronic



Crohn's disease
anal lesions in 20% - 80%
first manifestation in up to 5%

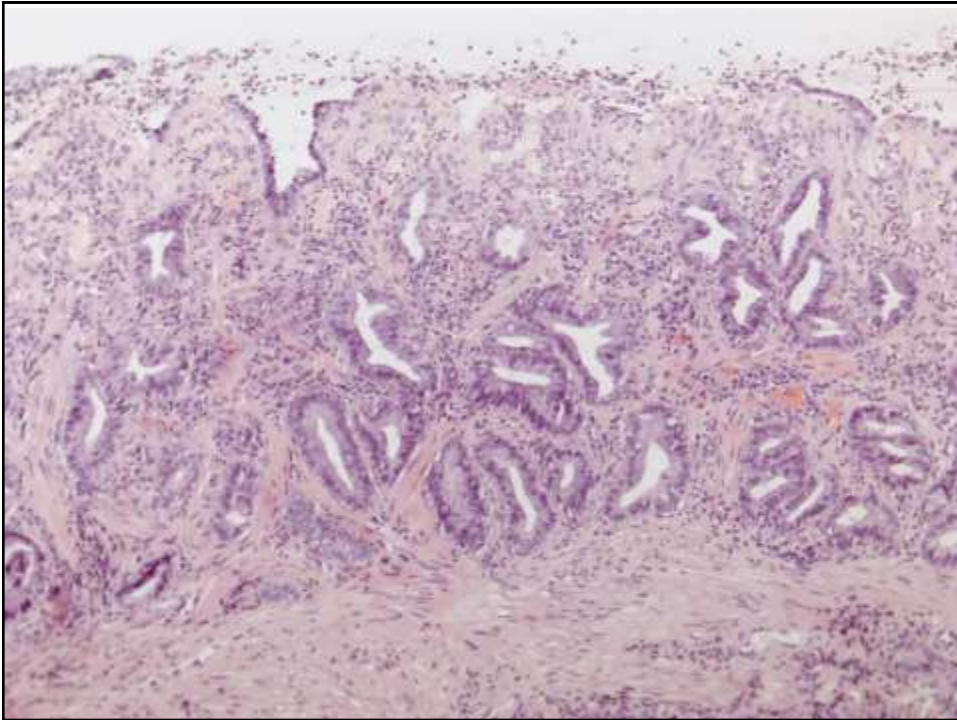


Mucosal prolapse syndrome (4 of 108 patients)

- solitary rectal ulcer syndrome
- inflammatory cloacogenic polyp
- (proctitis cystica profunda)



Mucosal prolapse
during straining at
stool

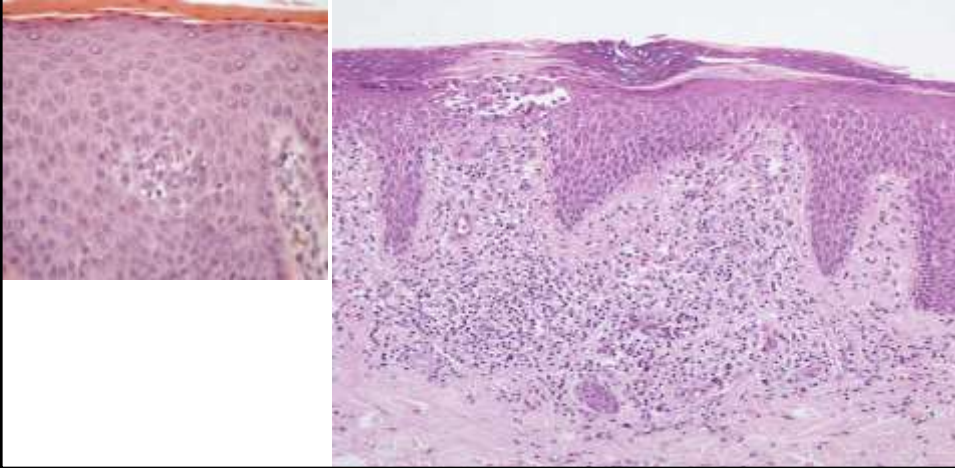


„chronic (peri)anal dermatitis“

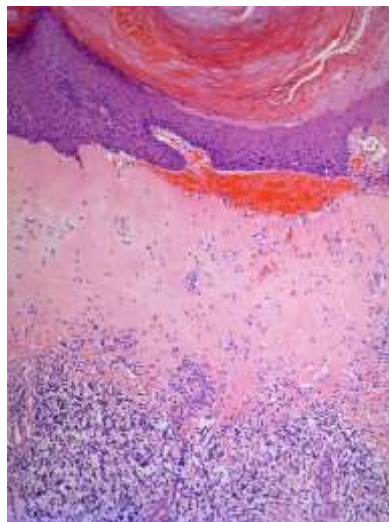
- Diverse pathogenesis
- Influenced by local factors
- Prevalent symptom: pruritus



Chronic spongiotic (eczematous)
dermatitis, w, 27
(1 of 108 patients)



Lichen sclerosus et atrophicus
(1 of 108 patients)



W, 66

