

Anal Squamous Intraepithelial Lesion Detected at Routine Colonoscopy in an Elderly Female with a History of Cervical Dysplasia

Michelle D. Inkster^{ID}, MD¹ and James S. Wu^{ID}, MD^{2*}

¹Department of Gastroenterology and Hepatology, Cleveland Clinic, USA

²Department of Colon and Rectal Surgery, Cleveland Clinic, USA

***Corresponding author:** James S. Wu, Department of Colon and Rectal Surgery, Cleveland Clinic, 20050 Harvard Rd Warrensville, OH 44124, USA, Tel: 12163086928

Clinical Image

Abstract

A 75 year-old female was referred for an opinion about the unusual appearance of the distal rectum seen on retroflexion at screening colonoscopy. The patient reported a remote history of cervical dysplasia. Anal cytology showed a low-grade squamous intraepithelial lesion. Flexible endoscopy on retroflexed view of the rectum under illumination with narrow band imaging (NBI) showed a white lesion with a fine speckled pattern at the junction between the Anal Transitional Zone (ATZ) and the columnar epithelium (CE) (**Figure 1**). A biopsy was

taken; the lesion was ablated with a bipolar hemostasis catheter [1]. Pathology showed High-grade Squamous Intraepithelial Lesion (HSIL). Subsequent surveillance examinations did not show persistent or recurrent anal dysplastic lesions.

Figure 1 Flexible sigmoidoscopy using an Olympus gastroscope [2] with NBI illumination shows a white lesion with small capillary projections-punctuation (*) [3] located at the junction between the ATZ and the columnar epithelium (CE) of the rectum (anorectal line). ATZ = anal transitional zone, ARL = anorectal line, CE = columnar epithelium, S = scope, R = right, A = anterior, L = left.

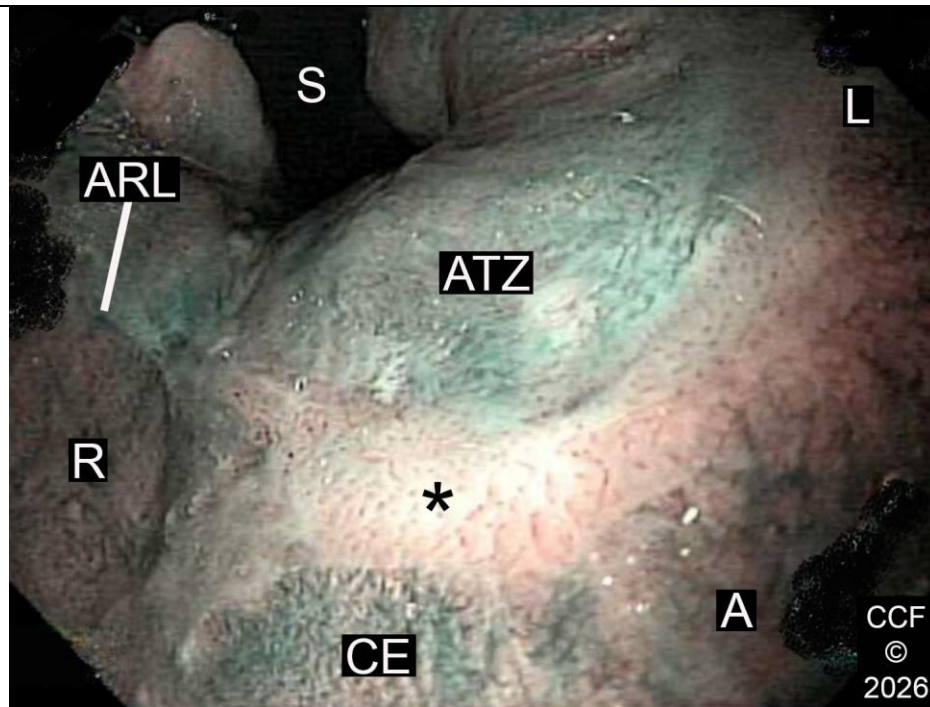


Figure 1: NBI Endoscopic Appearance of Anal HSIL at the Anorectal Junction.

Comment

Anal Squamous Intraepithelial Lesions (SILs) precede anal squamous cell carcinoma. The causative agent is Human Papillomavirus (HPV) [4]. This case illustrates anal HSIL detected at routine colonoscopy in an elderly female who has a history of cervical dysplasia [5,6]. Women with cervical dysplasia are at increased risk for anal dysplasia. Anal cancer screening may reveal anal dysplasia in women with cervical dysplasia [7]. Because the endoscopist performing the screening colonoscopy in this case examined both the anoderm as well as the columnar epithelium, the anal dysplastic lesion was seen and referred for further evaluation. Subsequent workup revealed anal HSIL that was biopsied and ablated. The patient was then entered into an anal dysplasia surveillance program.

References

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