

Clinical Image

Anal Cancer

Neelima M*, Abhinuta M and Claressa D

Department of Medical Oncology, Cancer Center at Wise Health System, Decatur, Texas, USA

***Corresponding author:** Maddukuri Neelima, Department of Medical Oncology, Cancer Center at Wise Health System, Decatur, Texas, USA**Received:** February 23, 2022; **Accepted:** March 12, 2022; **Published:** March 19, 2022

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54-year female presented with a lesion on her left buttock and perineum for approximately 18 months prior to seeking evaluation. It has grown gradually over this period of time. She presented with constipation, perineal bleeding, pain, and weight loss of approximately twenty pounds. CT of abdomen and pelvis showed a large mass in the perineum extending into anus with enlarged lymph nodes. PET showed intensely hypermetabolic mass involving the anal canal, mildly FDG avid left inguinal, left iliac chain, inferior mesenteric artery chain and retroperitoneal lymphadenopathy. Perineal mass was biopsied and pathology consistent with invasive and well differentiated squamous cell carcinoma, extending to deep margins. HPV was strongly positive.

**Figure 1:**

Buschke-Lowenstein tumors, also known as giant anal condylomas, arise from HPV associated warts. They present as generally slow growing large verrucous masses, which can have malignant transformation. We believe this is anal cancer originating in giant anal condyloma (Figure 1).