Narrow-band imaging for diagnosis of squamous cell carcinoma in the anal canal

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A 61-year-old man with a history of rectal bleeding and hemorrhoids underwent colonoscopy and a 15 mm large flat lesion with scattered reddish spots was detected in the anal canal at the dentate line (Fig. 1A). Narrow-band imaging showed dilated, tortuous, and irregular microvessels with intraepithelial papillary capillary loop patterns (Fig. 1B), similar to squamous cell carcinoma of the esophagus [1,2]. The lesion was treated by underwater endoscopic mucosal resection without submucosal injection. The polyp was completely immersed in water, the lumen was deflated (Fig. 1C), and a polypectomy snare (13 mm, Captivator™, Boston Scientific) was used to resect it in two pieces with a piecemeal technique. The lesion was completely removed without any bleeding or signs of perforation (Fig. 1D). The patient went home the same day and experienced no complication. Pathology showed a poorly differentiated squamous cell carcinoma (Fig. 2) with positive staining for P16, a marker of human papilloma virus infection, and Ki-67, but the level of invasion was uncertain and the patient was referred for chemoradiotherapy.

Squamous cell carcinoma of the anal canal is a rare cancer in the gastrointestinal system [3] and can easily be overlooked during colonoscopy. This unusual case shows that digital chromoendoscopy using narrow-band imaging can be useful to help identify anal squamous cell carcinoma.

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