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Primary squamous cell cancer of the rectum

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Abstract

Rectal squamous cell carcinoma (SCC) is a rare cancer with an historically late stage of presentation and poor outcome. The underlying pathogenesis while unclear, continues to be defined, with increasing evidence of a metaplasia-dysplasia-carcinoma sequence and a possible but unconfirmed role for human papilloma virus (HPV) in this progression. The presentation is similar to rectal adenocarcinoma, with a diagnosis confirmed by endoscopic biopsy. Many presumed rectal SCC's are in fact an extension of an anal SCC, and cytokeratin markers are a useful adjunct in this distinction. Staging involves examining locoregional disease by way of magnetic resonance imaging (MRI) and / or endorectal ultrasound (ERUS), with systemic spread excluded by way of computed tomography (CT). Positron emission tomography (PET) is integral in the workup to exclude an external site of primary SCC with metastasis to the rectum. While the optimal treatment remains as yet undefined, recent studies have demonstrated a global shift away from surgery, the previous mainstay of management. This changing paradigm in the treatment of rectal squamous cell carcinoma has evolved from the now standard treatment of anal squamous cell carcinoma with definitive chemoradiotherapy, holding great promise for improved outcomes in this rare disease.

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Key words: Squamous Cell Carcinoma; Rectal Cancer; Chemoradiotherapy; Surgery; Complete Response

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