Abstract

Background. Anal squamous cell carcinoma is a rare neoplasm with a higher incidence in the HIV-seropositive population. Patients and methods. Epidemiologic, clinic, immunologic, virologic and therapeutic characteristics of 8 HIV-positive patients with anal squamous cell carcinoma were descriptively and retrospectively analyzed from 2005 to 2011. Results. Median of age of patients was 39 years, 75% were male and 83% were men who have sex with men. Median elapsed time from HIV infection to anal cancer diagnosis was 10.5 ± 9.5 years. Anal pain and local large tumors detected by physical examination were the most common clinical manifestations; pain with or without itching was marginally correlated with poor survival. The median of CD4 T-cell count for the whole study group was 330 cells/L. At the time of the neoplasm diagnosis, CD4 T-cell count was more than 200 cell/L in 62.5% of the patients. In the descriptive analysis, higher CD4 T-cell count was significantly associated with a prolonged survival. In the overall population, 71% were receiving highly active antiretroviral therapy (HAART) and all of them had undetectable viral load at the time of neoplasm diagnosis. HAART was correlated with better survival in the overall population. Histopathologic examination showed that 4 cases (50%) had in situ carcinoma and 4 patients (50%) had diagnosis of invasive anal carcinoma. One patient underwent surgical tumorectomy plus HAART, 2 patients received chemotherapy plus HAART and 3 patients were treated with fractionated radiotherapy plus systemic chemotherapy plus HAART. One patient died without the possibility of treatment due to his poor clinical condition and for one patient was no available data. After a follow up of 2 years, overall survival rate was 71%. Conclusion. A carefully evaluation of anal infiltrative or tumoral lesions is necessary to achieve an early diagnosis and to improve the survival in this kind of patients.

Keywords
Anal cancer, anal squamous cell carcinoma, HPV, HIV, AIDS.