

## Fungating Anorectal Carcinoma Causing Urinary Retention

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A 55-year-old woman had undergone diversion colostomy and chemo radiation for locally advanced rectal adenocarcinoma. However, her disease progressed in spite of 10 cycles of leucovorin, 5-fluorouracil, and oxaliplatinum.

She presented to the urology department with urinary retention for 1 week. Clinical examination revealed an exophytic, proliferative growth emerging from the anal canal, extending to the labia and onto the introitus. The urethral meatus was not visible due to the mass. The bladder was palpable till the umbilicus. Bilateral, tender inguinal lymphadenopathy was present.

She underwent an abdominal ultrasonography, which showed no lesion within the bladder. There was no hydroureteronephrosis or ascites. The liver and other viscera were normal, with no obvious metastasis. She underwent suprapubic catheter placement, and 1200 mL of urine was drained. She, subsequently, was referred to the Medical Oncology and Radiotherapy Unit for further management.

Large fungating tumors of the anorectum are rare and most reported series are of primary anal carcinoma with squamous cell histology. These are more common in homosexuals and may be related to the human papilloma virus.<sup>(1)</sup> The extensive nature of the disease causing urethral obstruction has never been reported to the best of our knowledge. Aggressive surgical resection with local myocutaneous flaps may provide effective palliation in such locally advanced malignant perineal disease.<sup>(2)</sup>

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### REFERENCES

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