Anal Cancer symptoms and detection

Symptoms of Anal Cancer

Patients with invasive anal cancer present with a wide variety of symptoms, but at the earliest stage of cancer patients often have no symptoms, which means they are not aware in any way that they have a cancer. The most common symptom reported is pain or localized tenderness, which can be present constantly or only with bowel movements or receptive sex. Some patients experience bleeding with bowel movements or following sex that is different from their normal pattern. Some will feel a lump or hard area on the outside of the anal area that appears to be increasing in size. As tumors grow and begin to invade the sphincter muscle, pain is common and often patients experience a sense of fullness and a constant need to evacuate. If you are at risk for anal cancer and you begin to develop symptoms, then you should be examined promptly. Our patients are all provided with the warning signs of anal cancer and urged to contact us immediately if they begin to develop any symptoms.

Generally, when patients have symptoms related to anal cancer, something can usually be felt by inserting a finger into the anus. Too often, the possibility of cancer is overlooked and symptomatic patients are told that it must be their hemorrhoids and not examined with a simple digital anal rectal examination (DARE). Sometimes patients are embarrassed and don't let their providers know they are having symptoms. Even in patients with no symptoms, something abnormal is usually felt with a DARE. Since many will have no symptoms, it is important for patients at risk to be examined regularly with DARE. If a mass, a thickening, an area of hardness, a lump, an area of localized tenderness or an ulcer is found, then the patient must be referred to clinicians experienced in managing anorectal problems who can evaluate and biopsy the suspicious areas. Every time we examine a patient we are searching for the presence of any of these signs or symptoms, which are highly suggestive of a diagnosis of invasive cancer.
During an HRA, the clinician uses a colposcope to look for anal lesions.

Cancers are also sometimes found during routine HRA [1]. The areas that appear the most worrisome or possibly suggestive of cancer are assessed and biopsied as patients are examined. We tend to biopsy ulcerated areas, thickened areas, and lesions containing abnormal vessels and occasionally, the biopsy will show superficially invasive or early cancer. It is unusual not to be able to feel something abnormal that correlates with the abnormality seen through the microscope, but the goal is to evaluate and to periodically biopsy the most abnormal appearing area seen during an exam. We do this because it is important to assess microscopically the severity of lesions [2] and to rule out the possibility of invasion, which sometimes is occult or not visually obvious even to the experienced eye.

Some patients are diagnosed incidentally when they have anal surgery for treatment of presumably benign processes such as removal of hemorrhoids or treatment of fissures [3] and fistulas [4], or occasionally incidental cancers are noted during surgery to remove warts. Most of these diagnoses occur in procedures not assisted by HRA [1] and it is highly likely that if HRA [1] had been performed, the characteristic signs of HSIL [5] would have been noted.

Invasive anal cancer can only be conclusively diagnosed by biopsy of a suspicious lesion. Patients who have symptoms or abnormalities felt on DARE that are suggestive of cancer should be biopsied. If the index of suspicion is high and an exam done in the clinic is not adequate or does not confirm the diagnosis, then patients should be examined in the operating room under anesthesia by a clinician experienced in managing anorectal problems. Patients being followed for their anal HSIL [5] will occasionally be diagnosed with invasive cancer during routine biopsies, but usually some abnormality can be felt. Patients incidentally diagnosed with early or superficially invasive cancers during surgery for benign conditions should be followed up with HRA [1].

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