

ANAL SAC/PERIANAL ADENOCARCINOMA

(CANCER INVOLVING THE ANAL SAC OR AREA AROUND THE ANUS)

BASICS

OVERVIEW

- Uncommon cancerous tumor (malignant neoplasm) that developed from glands of the anal sac
- Locally spreading (invasive) cancer
- High rate of spread to other areas of the body (metastasis), often to the lymph nodes under the lumbar spine (sublumbar lymph nodes)
- Frequently associated with high blood calcium levels (hypercalcemia)

SIGNALMENT/DESCRIPTION of ANIMAL

- Older dogs; extremely rare in cats
- Females have had higher rates of anal sac/perianal adenocarcinoma in some studies
- No breed has been proven to have increased likelihood of developing anal sac/perianal adenocarcinoma

SIGNS/OBSERVED CHANGES in the ANIMAL

- Mass associated with anal sac, straining to defecate, and/or constipation
- May have lack of appetite (anorexia), excessive thirst (polydipsia), excessive urination (polyuria), and sluggishness (lethargy)
- Mass associated with anal sac may be quite small despite massive metastatic disease

CAUSES

- A hormonal cause is hypothesized

TREATMENT

HEALTH CARE

- Surgery is the treatment of choice for the primary tumor
- Surgical removal of the primary tumor and enlarged lymph nodes may prolong survival
- Radiation may be helpful, but acute and chronic radiation side effects can be moderate to severe
- Consult a veterinary oncologist for current recommendations
- Monitor blood calcium levels and manage high levels (hypercalcemia), if present

DIET

- Normal diet or as recommended by your pet's veterinarian

SURGERY

- Surgical removal (resection) of the tumor
- Partial surgical removal to decrease the size (debulking) of the tumor in cases where the tumor cannot be totally removed
- Surgical removal or decrease in size of lymph nodes with evidence of metastasis

MEDICATIONS

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive.

- Limited reports of partial responses to platinum-containing chemotherapeutic compounds in dogs—cisplatin, carboplatin
- Possible role for melphalan after debulking surgery

FOLLOW-UP CARE

PATIENT MONITORING

- Complete surgical tumor removal—physical examination, chest X-rays, abdominal ultrasonography, and blood work (serum biochemistry tests) as scheduled by your pet's veterinarian
- Partial surgical tumor removal—monitor tumor size and blood calcium levels and kidney tests (blood work, urinalysis)

EXPECTED COURSE AND PROGNOSIS

- Prognosis guarded to poor
- Surgery often reduces the severity of signs (known as “palliative” treatment), but is not curative
- May see both local progression of the tumor and metastasis occurring

- Growth of the tumor may be slow and debulking lymph-node metastatic disease may significantly prolong survival
- Presence of high blood calcium levels and metastasis were poor prognostic factors in one study
- Median survival time (the time between diagnosis and death) ranges from about 8 to 19 months, depending on individual clinical status
- Ultimately, dogs succumb to complications related to high blood calcium levels or from effects of the primary tumor or metastases

KEY POINTS

- Uncommon cancerous tumor (malignant neoplasm) that developed from glands of the anal sac
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- Surgical removal of the primary tumor and enlarged lymph nodes may prolong survival
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