

Association of Resist in with BMI, Age, Diabetes and Breast Cancer Biomarkers

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Abstract

Granular cell tumor is a rare tumor that can occur at any location. The most frequent one is the buccal mucosa especially on the tongue, dermis and subcutaneous tissue. Few cases were reported to occur in the perianal area. Although it is an almost always-benign entity, it can be associated to an alteration of the patient's quality of life. Although a malignant variant of this tumor exists, it barely presents 2% of all cases. The basic treatment is surgical excision. In our work, we report a case of perianal granular cell tumor in a 52 years old female evolving during a period of one year. In our work, we also discuss the most important epidemiological, clinical, pathological, therapeutic and prognostic features of this rare entity.

Keywords

Granular cell tumor; Gastro-intestine; Buccal Mucosa; Prognosis

Introduction

The granular cell tumor is a pathological entity which was first described by Abrikosof in 1926. Many sites have been described. The most common is the oral mucosa, especially on the tongue, dermis and subcutaneous tissue. The granular cell tumor is rarely located in the perianal region. Granular cell tumors often occur between the 4th and 6th decade with a male prevalence of up to 68%. Although there is a malignant variant of this tumor, it represents barely 2% of all cases. The basic treatment is surgical excision with local recurrence being the only possible complication when the resection is incomplete. In our work, we report the case of a granular cell tumor of the perianal region which has been clinically mistaken for squamous cell carcinoma. 6 months after surgery, the patient had a good course, with no signs of local recurrence. We also discuss the most important features of this entity.

Case Report

Our patient is a 52-year-old woman, married, without clinical or surgical morbidity. No relevant family neoplastic history was found. She complained for about a year of perianal pain, without diarrhea, abnormal discharge, rectal bleeding or fever. The patient has already received anti-hemorrhoids treatment for more than 2 months without any improvement. She was then admitted to our hospital, where a rectal examination revealed a right perianal nodule without local inflammatory changes. No hemorrhoids or other lesions were identified. General

the patient's examination was normal. We performed a contrast-enhanced pelvic MRI, which identified a lesion of the hamstring which appeared isointense on the T1-weighted images and hypo-intense on the T2-weighted images (Figure 1). The lesion showed progressive and delayed improvement on T1-weighted images with fat saturation with contrast. He was in close contact with the levator ani and gluteus maximus muscles. Other investigations included colonoscopy, laboratory tests and a chest x-ray and were found to be normal. Complete gross surgical excision and the surrounding subcutaneous tissue under local anesthesia were performed. The local anesthetic used was Marcaine 25%, with a safety margin of 0.5 cm around the mass. Pathological examination o