Severe actinic proctitis and ileitis secondary to radiotherapy for anal cancer. What to do when everything fails?

Nataly Gisseth Montañez(1), Luis Felipe Cabrera (2), Mauricio Pedraza (2)
1. Faculty of Medicine, Universidad El Bosque
2. General Surgery Department, Universidad el Bosque
3. Los Cobos Medical Center

SAGES 2025

UNIVERSIDAD EL BOSQUE

Semillero de Investigación en Cirugía general y Subespecialidades de la Universidad El Bosque

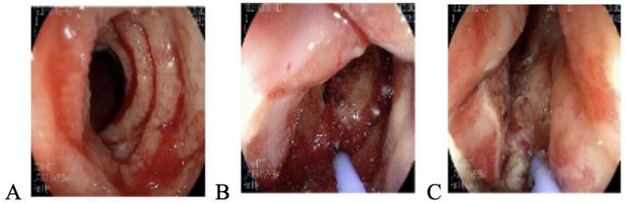
Introduction

Actinic proctitis and ileitis is one of the main complications of radiotherapy applied to malignant tumors in the pelvic cavity such as prostate, uterus, and vagina, colon and rectum cancer[1]. It presents an incidence of 5-30%, from which the most common is the hemorrhagic type, which produces rectal bleeding with hemodynamic compromiso[2].

Case

71-year-old female patient with a history of anal cancer previously treated with radiotherapy. After ionizing therapy, the patient presented multiple episodes of rectal bleeding, requiring multiple hospitalizations where symptomatic management and transfusions of 2-3 UGRE were given in each one.

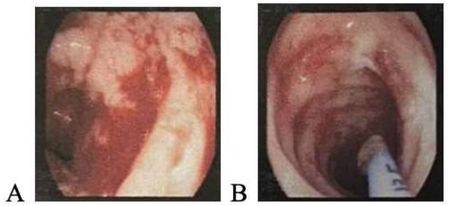
When she arrived at our service, the patient reported having received only one APC session and that she had been offered a protolectomy, so it was decided to do a new endoscopic follow-up with the discovery of mild actinic ileitis and severe actinic proctosigmoiditis and performing the first APC session.



Mild actinic ileitis and severe actinic proctosigmoiditis. Telangiectasias, active bleeding (A,B), ulcers (C)

In control endoscopy after 1 month the patient continues to have severe actinic proctosigmoiditis, so medical therapy is started with:

- Sucralfate 3 gr/day
- Enemas of 2gr x12h with 20 mL
- Metronidazole 500 mg 3 times daily orally x 4 weeks
- Ciprofloxacin orally 1 g/day x 1 week



Severe actinic proctosigmoiditis. Active bleeding, edematous and erythematous mucosa (A,B) rectum and sigmoid.

During the follow-up, 2 months later the patient had an adequate recovery, the bleeding was reduced by 90% without a new transfusion requirement.

Discussion

Type of treatment	Options	Effectiveness
Pharmacological	Sucralfate: PO, enemas, topic.	Very recommended in enema presentation.
	Formalin (formaldehyde 4-10%)	Recommended. But patients bleed more.
	Metronidazole + Ciprofloxacine	Recommended as a complementary therapy.
	Short-chain fatty acids enemas (SCFAs)	Non effective.
Endoscopic	Argon Plasma Coagulation	Very recommended
	Láser: argon laser, Nd:YAd	Recommended as an alternative therapy.
	Cryoablation	Recommended as an alternative therapy.
Surgical	Proctectomy	Not recommended because of the postoperative morbidity, but may be used in patients who are very symptomatic, non-treatable bleeding, and rectal stenosis.
Others	- Hyperbaric Oxygen - Vitamin A, C, E	Recommended, but low availability.

Conclusions

- A relatively frequent complication, so it should always be considered as a differential diagnosis in patients with rectal bleeding who have been treated in the past with radiation therapy.
- Dual treatment, with endoscopic and pharmacological therapies, can be considered an effective option, due to its clinical improvement, good tolerance, and low complication rates.

References

Scan me!