

patients received adjuvant postoperative radiochemotherapy, 1 neoadjuvant treatment and 8 radiochemotherapy as exclusive radical treatment. Radiotherapy treatment was delivered with IMRT/IGRT technique to a total dose of 50.4 Gy (1.8 Gy per fraction) and concurrent chemotherapy was based on weekly gemcitabine.

Results. At the date of our analysis 47% of patients had developed distant metastases, just 11.7% local relapse (2 patients relapsed within the RT field and one had a marginal relapse), 2 patients had tumour markers rise without relapse evidence and one patient had a mixed (local and distant) pattern of failure. Five patients died and four are free of disease relapse (all these 4 belong to the adjuvant treatment group).

Conclusion. IMRT/IGRT in combination with weekly Gemcitabine seem to be a good treatment choice as adjuvant postoperative treatment which may decreased the local relapse rate in these patients. Local failure most frequent areas are the surrounding vessels tissues.

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Perianal Paget's disease: Case report

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Perianal Paget's disease is a rare entity, it has a high rate of recurrence and the prognosis is related to the presence of underlying carcinoma. It usually affects white patients, more men than women, between 60 and 70 years. The histopathological diagnosis is based on the existence of clear cytoplasm neoplastic cells at different levels of the epidermis, isolated or in small nests (pagetoid pattern). After histopathologically Paget's disease confirmation and absence of invasive carcinoma, surgical wide local excision with or without skin grafting will be considered the standard treatment. Chemotherapy or radiotherapy may be indicated. There are published a small number of cases of disease, so we present this case. 79 years old male patient with no relevant medical history, consult by erythematous and ulcerated skin lesion in perianal region with a year of evolution, accompanied by intense itching and no improvement after several topical treatments. The biopsy was positive for perianal Paget's disease and the extension study was negative. Surgical resection was performed followed by skin plasty in V. Surgical margins were in contact with the circumferential perianal edge. Subsequently received radiotherapy to the surgical bed, given 50.4 Gy in 1.8 Gy fractions, positioning the patient in prone and using a PA field and two posterior oblique with energy of 6 MV.

Conclusion. Perianal Paget's disease is a very rare disease with less than 120 cases reported worldwide. Although surgical excision is reported by many authors to be the treatment of choice, other modalities of treatment are used increasingly but are not standardized yet. Radiotherapy can be used as the primary therapy in patients not fit or refusing surgery or as adjuvant therapy. In this paper we presented a case of perianal Paget's disease who was treated successfully with radiotherapy after surgery.

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Preoperative capecitabine in rectal cancer: Toxicity and pathological stage

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Background. Oral fluoropyrimidines have been shown as a therapeutic alternative to 5-Fluorouracil i.v. for concurrent radiotherapy in rectal cancer.

Purpose. To assess acute toxicity and pathological stage after surgery depending on the dose of capecitabine per square meter, in relation with the body surface (mg/m²/bid) in patients treated with concurrent radiotherapy.

Methods and materials. Between January 2008 and December 2012, 106 patients were treated. 43p were stage II and 63p stage III. The mean age was 66 years. The prescription dose was 45 Gy in 25 fractions. Two cycles of capecitabine were administered during 14 days starting within the 1st and 4th week. Surgery was scheduled to be performed 6-8 weeks after chemoradiotherapy. Acute normal tissue effects were graded according to RTOG criteria.

Results. The most common symptoms were diarrhea and rectal tenesmus. The correlation between the grade of diarrhea and the mean dose of capecitabine was as follows: No diarrhea in 35p (33%) with 838.9 mg/m²/bid (SD 72.2); grade 1 in 23p (21.7%) with 810.2 (SD 77.6) and grade 2 in 48p (44.3%) with 807.1 (SD 57.3) ($p = 0.089$). Seventy-six patients (63.2%) had not rectal tenesmus, and received a mean dose of 823.1 mg/m²/bid (SD 62.9), 10p (9.4%) had grade 1 with 827.5 (SD 65.4) and 29p (27.4%) had grade 2 with 804 (SD = 79.9) ($p = 0.41$). Due to thrombopenia, only 3p (2.8%) received one cycle of capecitabine while 103p (97.2%) received two. After chemoradiotherapy 69.8% showed downstaging (16.7% pathological complete response) with a mean dose of 824.5 mg/m²/bid (SD 64.6), 14.6% progressive disease with 809 (SD 62.2) and 15.6% stable disease with 821.3 (SD 70.2) ($p = 0.4$).

Conclusions. Our results show that with this oral dose of capecitabine schedule, according to body surface, in preoperative chemoradiotherapy, has not statistically significant differences for toxicity and pathological stage after surgery.

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