

High Resolution Anoscopy (HRA) and Anal Dysplasia

Frequently Asked Questions

What is High Resolution Anoscopy (HRA)?

High Resolution Anoscopy, or HRA, is a procedure that allows for examination and evaluation of the anal canal. Using a small, thin round tube called an anoscope, the anal canal is examined with a



high resolution magnifying instrument called a colposcope. Application of a mild acidic liquid on the anal canal facilitates evaluation of abnormal tissue such as anal dysplasia. If indicated, a biopsy can be obtained. A digital rectal examination is also done at the time of the procedure. The procedure is performed in the office and generally lasts about 15 minutes. It is usually very well tolerated with mild if any discomfort. Significant risks, such as bleeding or infection, are extremely rare. HRA is very different from colonoscopy or flexible sigmoidoscopy, neither of which can adequately examine the anal canal for the problems being detected by HRA. No bowel prep is needed for this examination.

Who needs a High Resolution Anoscopy (HRA)?

If you have been referred for an HRA it may be because an anal Pap test showed abnormal findings. While this can mean a number of things, it needs to be determined if it is dysplasia.

Where is the anus and anal canal?

The anus, also call the anal canal, is a short tube, about one and a half inches long, at the end of your rectum through which stool leaves the body. The skin around the outside of the anus is called the perianus.

What is anal dysplasia?

Anal dysplasia is abnormal cells (or a lesion) in the lining (skin) of the anal canal. Anal dysplasia can be low-grade (mild) or high-grade

(moderate to severe). Some low-grade lesions may progress to high-grade lesions. High-grade lesions are very common and may progress to cancer. About one in 1,000 high-grade lesions per year will progress to cancer.

Not all lesions worsen. Some can remain without change and some may even disappear. Anal dysplasia occurs mainly in two places: inside the anal canal and in the skin of the perianus.

What causes anal dysplasia?

Anal dysplasia is caused by the human papillomavirus (HPV).

What is HPV?

HPV is the most common sexually transmitted infection. There are more than 40 different HPV types that may infect the genital area. About 75 to 80% of sexually active people have been infected with HPV, and this rate is higher among people with HIV.

Oncogenic (cancer-causing) HPV, also called high-risk HPV, can cause cancers of the cervix, vagina, and vulva; cancer of the penis; and anal cancer and some mouth/throat cancers in both men and women. Non-oncogenic HPV or low-risk HPV can cause warts, called condyloma, in the genital and anal areas.

Because HPV lives only in skin cells and no other kinds of cells, it is transmitted only through skin-to-skin contact, usually through vaginal, anal or oral sex. Use of a condom can help prevent transmission.

Some infections with HPV will go away on their own within two years. In some cases, the infection does not go away and is then called chronic or persistent. Chronic infection with high-risk HPV may cause dysplasia and could eventually cause cancer.

People living with HIV are more likely to have an HPV infection that lasts a long



time. This means that people living with HIV have a higher chance of getting dysplasia or cancer compared with people without HIV.

What are the signs/symptoms of HPV?

There are no specific symptoms of anal dysplasia or cancer. The following symptoms can be from dysplasia, but can also be caused by other common conditions including anal infections, anal trauma, hemorrhoids and warts:

- Bleeding from the anus or rectum
- Feeling a lump or mass at the anal opening
- Pain or pressure in the area around the anus
- Itching or discharge from the anus
- Change in bowel habits or increased straining during a bowel movement
- Swollen lymph nodes (glands) in the anal or groin areas

Who is at risk of getting anal dysplasia/cancer?

A risk factor is anything that affects your chance of getting a disease such as cancer. People at increased risk for anal dysplasia/cancer may have the following risk factors:

- Having many sexual partners or having sex with a partner who has had many partners
- Having receptive anal intercourse (anal sex)
- Men who have sex with men (MSM)
- HIV/AIDS infection
- History of anal warts
- History of other sexually transmitted infections
- History of fissures, fistulas and hemorrhoids
- Organ transplant recipients and other groups who have reduced immunity
- Women, particularly those with a history of cervical or vulvar dysplasia or cancer
- Being over 50 years old
- Being infected with HPV
- Smoking cigarettes

Testing and diagnostic screening

Regular medical check-ups with anal examinations by your health care provider will help detect early cancers, but not anal dysplasia. Anal Pap smears can help detect precancerous changes, such as the early signs of dysplasia, but may not be able to identify lesions (which may or may not develop into precancerous formations).

Lesions can be identified during an anal canal examination called High Resolution Anoscopy (HRA), which is performed by an anoscopist. In people at high risk for anal cancer, the anal Pap smear and HRA should be done yearly.

What happens during an evaluation for anal dysplasia?

History – Your provider will ask you about how you are doing, your health habits, past illnesses and treatments.

Digital Exam – The anus and rectum are examined. Your provider inserts a lubricated, gloved finger into the anus and lower part of the rectum to feel for anything that seems unusual.

Anal Pap (anal cytology) and Cobas® HPV test – A moist swab, like a Q-Tip® is passed into the anal canal, and cells collected on the swab are examined under a microscope. This procedure helps to check for abnormal cells in the anus and high-risk HPV types. It takes about 10 seconds and causes minimal discomfort.

What can I do to prepare for an HRA?

Starting seven days prior to the procedure, do not allow anything to contact the inside of the anus. Do not use an anal douche, enemas, and creams and do not have anal sex. Some medications and supplements can cause a risk of increased bleeding, such as aspirin, ibuprofen, vitamin E and certain herbs. If you are taking any of these, please call your practitioner at least a week ahead of time for guidance. Ensure that you have a normal bowel movement the morning of the procedure. If you are unable to have a bowel movement or if you have diarrhea, please call the office to reschedule your exam.

For more information, please visit:

www.cancer.gov
www.cancer.org
www.oncolink.org

To make an appointment for a High Resolution Anoscopy, please call the Eisenhower Health General Surgery Specialty Clinic at 760-837-8601.

Want to learn more? Listen to our podcast episode entitled HPV and Anal Cancer at EisenhowerHealth.org/podcast