

A neglected case of penile cancer presented as paraplegia with spinal metastases leading to fatal outcome

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Abstract: Carcinoma of penis is not unknown in the developing countries. Regional lymph node metastasis is very well documented but hematogenous distant metastasis is unusual and occurs late, with a reported incidence 1-10%. We present a neglected case of carcinoma penis metastasis to the spine. Patient presented with paraplegia with disc compression diagnosed as a metastatic squamous cell carcinoma, later found to have a primary in Penis. This is the third reported case of penile cancer metastasizing to spine.

Keywords: Bony Metastasis, Paraplegia, Penile Cancer, Spinal Metastasis, Squamous Cell Carcinoma.

INTRODUCTION

Carcinoma Penis is not unusual in developing countries. Guilt fear and ignorance associated with may cause late detection and poor prognosis of the patient. This is the third reported case of carcinoma penis with spinal metastases presented uniquely as paraplegia.

CASE REPORT

A 60 year old man presented to neurosurgeon with paraplegia and complaint of backache of short duration of 15 days. Patient examined by neurosurgeon and MRI done. MRI report was suggesting of collapse of C6 vertebrae with possibility of pott's spine or malignancy. Biopsy from compressed vertebral body planned and sent for histopathology examination to us. Histopathology examination confirmed it as metastatic squamous cell carcinoma. (Fig.1 and 2)

During the discussion of the case with the neurosurgeon we came to know that patient came from the village of faizabad district, Uttar Pradesh, India. Patient came to doctor with a complaint of backache and paraplegia since 15 days. There was also weight loss and decrease appetite. At the time of catheterisation before operation doctor noted that there was an ulcer proliferative growth involving glans penis extending to the distal portion of the shaft with palpable inguinal lymph nodes.

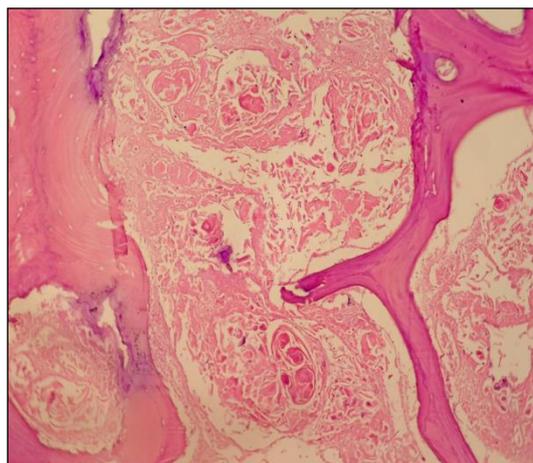


Fig-1: Biopsy from the vertebral body shows bony trabecula with intertrabecular space showing keratin pearl formation (H & E ,40 HPF).

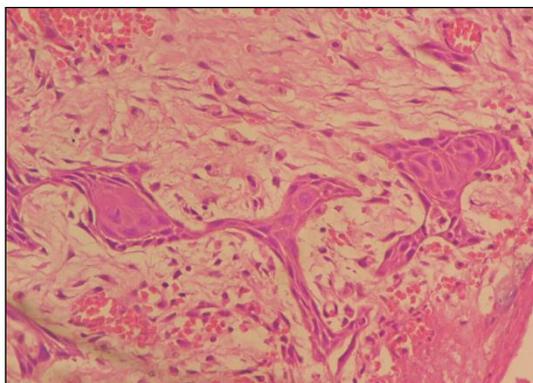


Fig-2: Biopsy from the vertebral body of another focus showing tumor cells arranged in trabeculae showing individual cell keratinisation. Fig 1 and 2 consist of metastatic squamous cell carcinoma.

On asking patient said that he noticed the growth before 2 years prior to his presentation to a neurosurgeon but did not tell about it to anyone. He also has not consulted any general practitioner as he did not have any serious ailments. Circumcision was not performed and patient was a smoker.

Biopsy of the penile growth was sent after getting the report of vertebral body as metastatic squamous cell carcinoma, which was confirmed as moderately differentiated squamous cell carcinoma of penis (Fig. 3). CT abdomen, pelvis and other investigation could not be done as patient was poor.

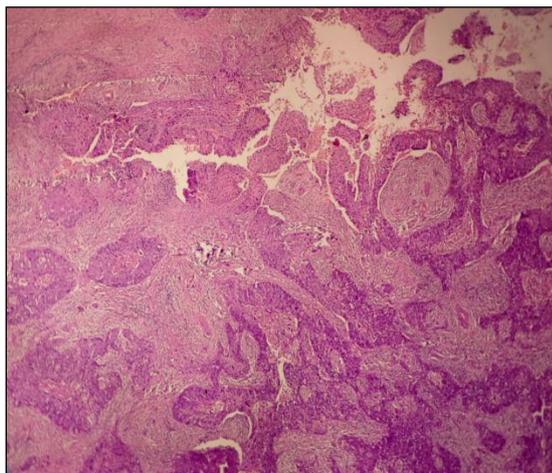


Fig-3: Biopsy from the penile growth showing histology of moderately differentiated squamous cell carcinoma.

Patient expired after 2 days of hospitalization postoperative.

DISCUSSION

Cancer of penis though frequency of this disease is as high as 10 -20% of all male cancers in developing countries and rare in developed countries, constitutes a continuous challenge to urologist and oncologist especially when the presentation is totally different like the case we have received [1]. Many patients are unaware that their painless penile lumps could be malignant and delay in reporting their lesion may lead to progression of their tumors.

Majority of the patients come from rural areas located in considerable distance from the health care centers where accessibility to health care facilities and awareness of the disease is not there [2].

Soria and associates [3] have found in a large series of penile cancer patients, a long delay before the diagnosis with 13.7% patients having symptoms which lasted more than a year prior to the initiation of definitive therapy. This delay is attributable to embarrassment, guilt, fear, ignorance and personal neglect.

The advanced stage is strongly correlated with the degree of invasion probability of regional and systemic metastasis suggests a worse prognosis [4]. The multivariate logistic regression analysis, HIV positivity, histopathological stage and grade of the tumor and presence of metastases at the time of diagnosis were the main cause of death according to Chalya et al. [2].

Metastatic spread to distant sites (lungs, liver, bone and brain) is uncommon and is reported to occur in 1-10% of cases with mean life span of those with 7.4 months in most large series. Such metastases unusually occur late in course of disease after the local lesion has been treated. Distant metastasis in the absence of regional node metastases is unusual. Low grade of distant metastasis may be attributed to by the lack of advanced staging diagnostic facilities such as CT scan, MRI and PET scan in the peripheral centers [2].

Distant metastasis in the absence of regional node is unusual [5]. Many studies and cases are reported metastasis to lungs, thyroid gland, iliac bone, ischial bone. Rare case of penile cancer metastasis to heart was reported by Swierz et al. [6]. Two cases are reported as metastasis to spine both are at dorsal spine.

Owing to rarity of the distant metastasis no definite guidelines for therapy have been formulated. Role of palliative chemotherapy requires further evaluation.

Metastatic penile cancer is moderately sensitive to chemotherapy. Partial responses are most common occurring in approximately 64% of patients while complete responses occur in less than 15% of patients. Distant metastasis prognosis is poor and there is very limited experience dealing with it.

CONCLUSION

Carcinoma penis metastasize predominantly to regional lymph nodes, distant metastasis are extremely rare. Spinal metastasis is even rarer, previously reported two cases of metastasis in dorsal spine. Detecting primary cancer at an early stage contributes to improved chances for successful treatment and thus for survival. In this modern era patients are still reluctant to report their penile lesions/penile cancers to their medical practitioners. This delay in reporting of penile cancers is responsible for the progression to advanced tumors that are not amenable to curative treatment and leads to fatal outcome.

REFERENCE

1. Lal P, Halder S, Datta NR; Carcinoma of the penis metastasizing to the dorsal spine. A case report. *Urol int*, 1999; 62(4): 249-251.
2. Phillip L, Peter F, Masaluand N, Samson S; Ten year surgical experiences with penile cancer at a tertiary care hospital in northwestern Tanzania: a retrospective study of 236 patients. *World journal of surgical oncology*, 2015; 13(1): 71.

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3. Soria JC, Fizazi K, Piron D, Kramar A, Gerbaulet ACHM, Haie-Meder C, Théodore C, et al.; Squamous cell carcinoma of the penis: Multivariate analysis of prognostic factors and natural history in a monocentric study with a conservative policy. *Annals of Oncology*, 1997 ; 8(11) : 1089-1098.
 4. Ficarra V, Akduman B, Bouchot O, Palou J, Tobias-Machado M; Prognostic factors in penile cancer. *Urology*, 1986; 37: 853-855
 5. Jacob R, Jyothirmayi R, Kumar A, Nair MK, Rajan B; Spinal metastasis from carcinoma of the penis. *The British journal of radiology*, 1995; 68(816): 1367-1368.
 6. Swierz J, Posnanski J, Stawarz B; Metastasis of penile cancer to the heart in a 20 year old patient, *Wiad.Lek*, 1992; 45: 314-316