

Carcinoma of Penis: A Rare Occurrence

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Abstract: Penile cancer has been rarely encountered in our practice and if it is diagnosed late, it may have devastating consequences. We report one such case of squamous cell carcinoma of penile shaft which was diagnosed and treated successfully by surgery. 50-year old male with a large ulcerative growth in shaft of penis with two more swellings in the surrounding region was diagnosed as carcinoma after biopsy. The patient underwent total penectomy and perineal urethrostomy and remained uneventful in the postoperative period. Early diagnosis and treatment of penile cancer is the main hallmark for prevention of further spread the disease and its cure.

Keywords: Squamous Cell Carcinoma, Penis, Shaft.

INTRODUCTION

Cancer of penis is rarely encountered in clinical practice with a psychological impact to the patient and a challenge to the treating surgeon. There are different histological types of this disease but the most common among them is squamous cell carcinoma. It usually presents with a painless lesion in the penis without interference to erectile or voiding functions. Since it is a slow growing tumour, it usually does not metastasise and is curative if diagnosed at an early stage. However in presence of metastasis, condition may become lethal. Biopsy of the lesion will confirm the diagnosis and treatment depends upon the stage of the disease [1].

We present one such case of superficially spreading squamous cell carcinoma of penis which was diagnosed and treated successfully.

CASE REPORT

50-year old male presented with a history of small swelling in penile shaft which had increased gradually in size and get converted to ulcer followed by multiple swellings in the shaft in a span of 3-4 months. On examination three lesions were found, one large ulcerative lesion of size approximately 4x4cms and other two were indurated swellings on the dorsal aspect of shaft measuring approximately 2x2 cms and 1x 1 cms. The ulcer had everted margins, foul smelling and was covered with slough (Fig. 1). The inguinal lymph

nodes were enlarged bilaterally. Biopsy of lesion confirmed penile carcinoma, however Fine Needle Aspiration Cytology of inguinal lymph nodes did not reveal any metastasis. Ultrasonography of abdomen and chest radiograph was also insignificant. The patient was treated by total penectomy and perineal urethrostomy (Fig. 2a & b). Histopathological examination of the amputated specimen revealed superficially spreading squamous cell carcinoma with margins free of tumour. Postoperative period was uneventful and the patient is doing well in a follow-up period of 6 months.



Fig. 1: Preoperative picture showing the ulcer and the swellings on penile shaft

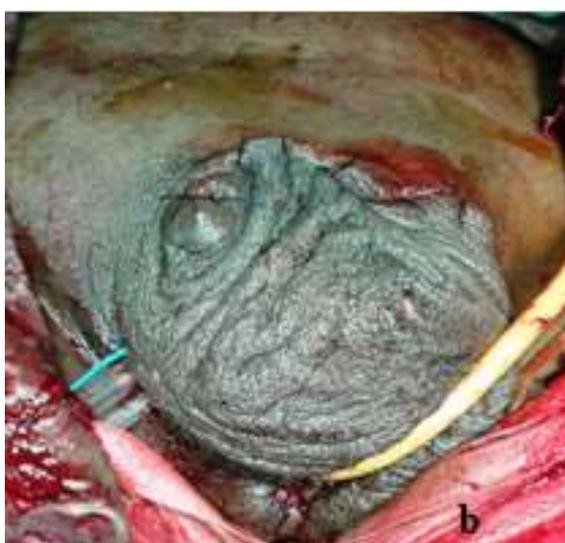


Fig. 2 a & b: Pictures showing total penectomy with perineal urethrostomy

DISCUSSION

Penile Cancer is a rare malignancy and accounts for 0.6% to 6% of all malignancies in United States and Asia [2]. It rarely occurs in circumcised men especially who underwent in the neonatal period and it usually affects males of 60 to 80 years age group.

Various etiological and risk factors have been associated with the development of this entity and include phimosis in 25-75% cases, Human Papilloma Virus HPV-16 and HPV-18 in one third of patients with 2.8 times more risk in cigarette smokers. Nonmalignant conditions include chronic balanitis, cutaneous horns, balanitis xerotica obliterans, giant condyloma, and bowenoid papulosis. Malignant conditions include Erythroplasia of Queyrat (carcinoma in situ (CIS) occurring on the glans) and Bowen disease (CIS on follicle-bearing skin of the shaft) [3, 4].

It usually presents with painless, non healing lesion in the penis with or without involvement of inguinal lymph nodes. Distant metastases are unusual and occur to the lungs, liver, bone, or brain. Histological diagnosis and types of cancer is established on biopsy findings which include Squamous cell carcinoma (most common), Basal cell carcinoma, Melanoma, Sarcoma, Adenocarcinoma [5].

Treatment of penile cancer depends on Stage of the disease. Stage 0 includes 2 types of tumors i.e. CIS and verrucous carcinoma which are treated usually by either circumcision or topical therapy, Stage I tumors i.e. below the skin of the penis but not penetrating into deeper layers, are treated usually by circumcision, partial penectomy or radiotherapy. Stage II tumours involve the deeper tissues like corpus spongiosum or cavernosum or the urethra. These are usually treated by partial or total penectomy with or without radiation therapy. Stage III includes tumors with involvement of inguinal lymph nodes and require partial or total penectomy with inguinal lymphadenectomy and radiotherapy. Stage IV includes cancers that have spread to adjacent structures like prostate, bladder, scrotum, or abdominal wall and usually require combination therapy which includes surgery, radiotherapy, and chemotherapy [1, 6, 7].

The prognosis depends upon stage and grade of the disease with five-year survival rates of 65% to 90% in patients with node-negative disease and 30% to 50 % in patients with positive inguinal nodes and 20% in patients with positive iliac nodes. Death in case of penile cancers occurs usually due to sepsis or hemorrhage secondary to erosion into the femoral vessels.

CONCLUSION

All penile lesions should be investigated properly so as to make an early diagnosis along with staging of this rare entity for better outcome after therapy. All patients with penile cancer require therapy because spontaneous regression does not occur and there are high chances of recurrence and metastasis, if left untreated.

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