

Delayed Surgical Management of Invasive Penile Squamous Cell Carcinoma (pT2N0) Leading to Total Penectomy: A Case Report and Review of the Importance of Early Intervention

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Abstract

Case Report

Background: Penile squamous cell carcinoma (SCC) is a rare malignancy in developed countries. Early diagnosis allows organ-preserving treatment, whereas delayed management may result in disease progression requiring radical surgery. **Case Presentation:** An 84-year-old circumcised male with diabetes and hypertension presented with a three-year history of a painless verrucous lesion of the glans penis. Initial biopsy demonstrated moderately differentiated invasive SCC. The patient refused surgery and was lost to follow-up. Upon re-presentation, the lesion had progressed to a large ulcerative and exophytic mass involving the entire glans. MRI demonstrated a 21 × 22 × 26 mm lesion with involvement of the corpus spongiosum. Partial penectomy was initially planned; however, positive intraoperative frozen margins required conversion to total penectomy with bilateral inguinal lymph node dissection. Final histopathology revealed intermediate-grade invasive SCC infiltrating the corpus spongiosum (pT2), with negative surgical margins and no nodal metastasis (pN0). Postoperative recovery was uneventful. **Conclusion:** Delayed management of penile SCC may result in local progression necessitating radical surgery. Early intervention is essential to preserve organ function and improve quality of life.

Keywords: Penile cancer; Squamous cell carcinoma; pT2N0; Total penectomy; Delayed treatment.

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INTRODUCTION

Penile cancer accounts for less than 1% of male malignancies in industrialized countries. Squamous cell carcinoma represents more than 95% of cases. Known risk factors include HPV infection, phimosis, smoking, poor genital hygiene, and chronic inflammatory conditions.

Tumor stage and lymph node status are the most important prognostic factors. Early-stage lesions confined to the epithelium or glans may be managed with conservative surgical approaches. However, invasion of the corpus spongiosum or corpora cavernosa indicates more advanced disease and significantly impacts therapeutic strategy.

We report a case of delayed management of penile SCC that progressed to pT2 disease, ultimately requiring total penectomy.

CASE PRESENTATION

An 84-year-old male with a 10-year history of type 2 diabetes mellitus and hypertension presented with progressive penile lesion enlargement. He was circumcised, non-smoker, with no history of phimosis and no HPV vaccination.

Three years prior, he had developed a painless verrucous lesion on the glans penis that gradually increased in size. Biopsy at that time revealed moderately differentiated, minimally keratinizing invasive squamous cell carcinoma. Surgical excision was recommended, but the patient refused and was lost to follow-up.

Upon re-evaluation, physical examination revealed a large ulcerative, exophytic mass occupying the entire glans penis. The lesion had irregular, infiltrated margins and a granular budding base with whitish necrotic areas. The patient maintained normal urethral

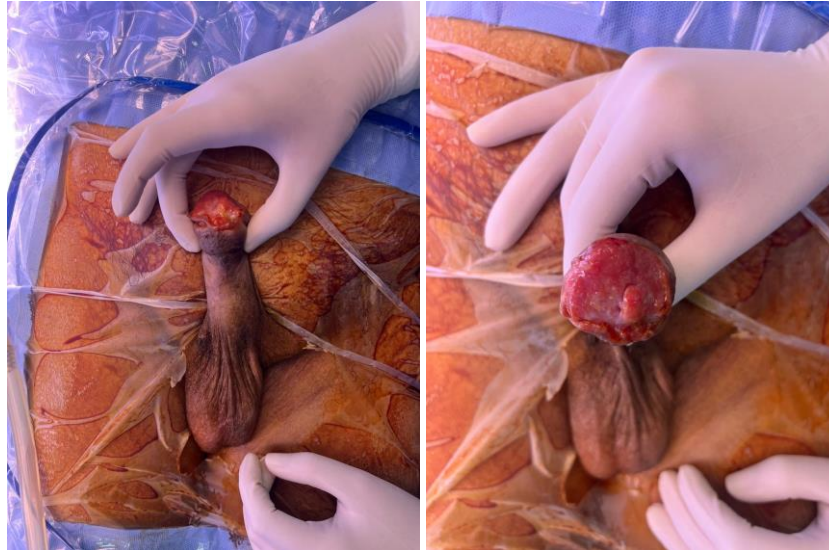
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voiding. No palpable inguinal lymphadenopathy was detected.

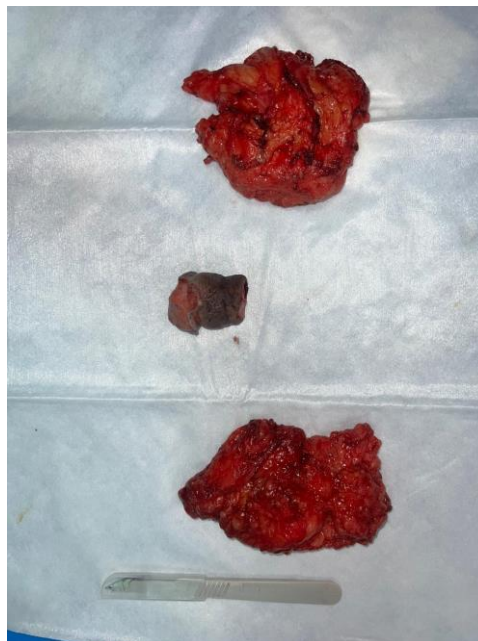
Laboratory findings were within normal limits.

Penile MRI demonstrated a poorly defined solid-cystic lesion measuring 21 × 22 × 26 mm located in the distal penile soft tissues. The lesion showed T1 hypointensity, slight T2 hypointensity, heterogeneous

gadolinium enhancement, and intimate contact with the corpus spongiosum, with focal loss of the separation plane and partial effacement of the tunica albuginea. The corpora cavernosa appeared uninvolved. A right inguinal lymph node (17 × 13 mm) and small bilateral external iliac nodes (8 mm) were noted. Thoraco-abdomino-pelvic CT showed no distant metastases.



Partial penectomy was initially planned. However, intraoperative frozen section analysis revealed positive margins, prompting conversion to total penectomy with bilateral inguinal lymph node dissection



Final histopathological examination confirmed:

- Invasive squamous cell carcinoma
- Intermediate grade
- Infiltration of the corpus spongiosum
- Negative surgical margins (R0)
- No lymph node metastasis (pN0)

Pathologic stage: **pT2N0 (AJCC 8th edition).**

Postoperative recovery was clinically and biologically uneventful.

DISCUSSION

Penile SCC prognosis is primarily determined by tumor stage and nodal involvement. Invasion of the corpus spongiosum corresponds to pT2 disease and

reflects deeper local extension compared to tumors confined to the lamina propria (pT1).

Organ-preserving surgery is feasible in selected early-stage cases and is associated with satisfactory oncologic control and better functional outcomes. However, when invasion extends into erectile tissues, more radical procedures may be necessary to achieve oncological safety.

In this case, initial biopsy had already confirmed invasive carcinoma. Early surgical management could potentially have allowed partial penectomy or glansectomy. The patient's refusal resulted in continued tumor growth and deeper invasion, ultimately necessitating total penectomy.

Psychological distress, fear of mutilation, and social stigma frequently contribute to delayed consultation or refusal of surgery in penile cancer patients. This delay is associated with higher tumor stage at presentation and worse functional outcomes.

Importantly, despite local progression, the absence of nodal metastasis (pN0) and negative margins are favorable prognostic factors in this patient. Long-term surveillance remains essential due to the risk of recurrence.

This case underscores three key points:

1. Early diagnosis permits organ-preserving treatment.
2. MRI is crucial in evaluating local extension and guiding surgical planning.
3. Timely intervention significantly reduces the need for mutilating surgery.

CONCLUSION

Penile squamous cell carcinoma requires prompt diagnosis and immediate surgical management. Delayed treatment, even in initially localized disease, may result in deeper invasion requiring total penectomy. Early intervention improves oncological control while preserving function and quality of life. Comprehensive patient counseling is essential to prevent treatment refusal and avoid disease progression.

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