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Case Report

Rare presentation of penile cancer: a case report

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ABSTRACT

Penile cancer is rare. Squamous cell cancer usually starts on glans or coronal sulcus as a nodule, foul smelly ulcer or cauliflower like mass, which invades corpora cavernosa as it progresses sparing the urethra until late in the course of the disease. We report a case of 32-year-old male with squamous cell carcinoma of penis in the form of ulcer involving shaft of penis at the base with surrounding inguinoscrotal region managed with en-mass wide local excision of the malignant ulcer taking 1 cm margin from all sides with total penectomy with partial left scrotal skin excision with left orchidectomy with perineal urethrostomy with local scrotal advancement flap reconstruction with bilateral superficial inguinal lymphnode biopsy. Post op period was satisfactory. At discharge, flap was healthy with well-functioning perineal urethrostomy. Patient had received 6 cycles of adjuvant chemotherapy. Ca penis can be present in any rare form and hence early diagnosis and timely management is the key.

Keywords: Penile cancer, Total penectomy, Perineal urethrostomy

INTRODUCTION

Penile cancer is rare entity. There are marked geographical variations in its incidence and is greatly increased in populations that do not practice circumcision in infancy. The average age of onset is about 60 years.[1-3] Squamous carcinoma are most common penile cancers. Rare penile cancers include melanoma, basal cell carcinoma, sarcomas, fibrous histiocytoma and secondary carcinomas.[1,4,5]

Squamous cell cancer usually starts on glans or coronal sulcus as a nodule, foul smelly ulcer or cauliflower like mass, which invades corpora cavernosa as it progresses sparing the urethra until late in the course of the disease.

Here we report a case of 32-year-old male with squamous cell carcinoma of penis in the form of ulcer involving shaft of penis at the base with surrounding inguinoscrotal region managed with total penectomy with perineal urethrostomy with scrotal advancement flap reconstruction.

CASE REPORT

32-year-old uncircumscribed male came to us with complaints of bleeding ulcer over the base of penis and surrounding inguinoscrotal region for 2 years. Patient gave history of ulcer starting at the base of penis involving shaft of penis 2 years back, for which biopsy was done which was negative for malignancy. He started complaints of decreased urinary stream and about in 1 year patient had complete urinary retention for which suprapubic cystotomy was done.

On arrival to our institution, patient had stable vitals with and ulcerative lesion involving shaft of penis at the base with involvement of adjacent inguinoscrotal region with left hydrocele with bilateral inguinal lymphadenopathy.

On investigating further haematological and biochemical investigations were within normal limits, contrast enhanced computed tomography (CECT) suggestive of neoplastic aetiology with metastatic lymphadenopathy, crush cytology from the ulcer was suggestive of squamous

cell carcinoma and biopsy from the ulcerative lesion was suggestive of moderately differentiated squamous cell carcinoma, fine needle aspiration cytology (FNAC) from the inguinal lymph node suggested reactive lymphadenitis.

After all necessary fitness and consent, patient was operated for with en-mass wide local excision of the malignant ulcer taking 1 cm margin from all sides with total penectomy with partial left scrotal skin excision with left orchidectomy with perineal urethrostomy with local scrotal advancement flap reconstruction with bilateral superficial inguinal lymph node biopsy.

Figure 1: At presentation.

Figure 3: Excised surgical specimen.

Check dress done on pod 5 revealed devascularisation of about 2 cm strip of left scrotal flap for which excision done followed by application vacuum assisted closure dressing (VAC) for about 5 days which was followed by secondary suturing. Final result was satisfactory. Post op histopathology report suggestive of poorly differentiated squamous cell carcinoma, left testis and part of excised left scrotum was free from malignancy. Biopsy report of inguinal lymph nodes suggested reactive lymphadenitis.

Patient discharged with healthy flap and healthy perineal urethrostomy. Patient had received 6 cycles of adjuvant chemotherapy after oncologists' opinion and is referred for radiotherapy.

Figure 4: Post operative follow up image.

Figure 5: Photograph showing perineal urethrostomy.

DISCUSSION

Penile carcinoma is a neoplasm which mostly affects elderly patients; the usual age for this type of tumour is between the 6th and 7th decade of life.[6,7] Our patient presented at the age of 32 year much earlier than the usual age.

Circumcision in infancy before the age of 4 years decreases the risk of penile cancer, yet the risk gradually increases, if circumcision is delayed until adulthood, when almost negligible protective benefit is achieved.[1,3,8]

The characteristic form of presentation is an ulcerated lesion, followed by infiltrating/deep lesion and papillary or verrucous lesion.[9] The most common site of starting the lesion is the glans, followed by the prepuce in this case the lesion started at the base involving the shaft of penis.

Dissemination of penile cancer presents in stages; infiltration of the inguinal lymph nodes is first diagnosed, followed by the iliac chain and finally distant metastases in less than 10% of cases.[10] At the time of diagnosis of the initial lesion, around 50% of patients have palpable inguinal adenopathy; of these, only half will be tumors as penile cancer is usually infected and causes inflammatory adenopathy.[11]

There emerged an apparent delay in the diagnosis and management of this case, which was again multifactorial as the presentation was unusual and was managed accordingly.

The usual delay in diagnosis requires us to use a full or partial amputation of the penis.[12,13] This mutilating procedure can have a psychological and negative impact on the quality of sex life. This sometimes raises the question of the acceptability of the penile amputation. However, penis cancer treatment has evolved. Indeed, for the superficial lesions, photodynamic therapy, cryosurgery with liquid nitrogen and 5 fluorouracil in topical combined biopsy have been successfully used.[14,15]

CONCLUSION

Penile carcinoma is rare in relation to other tumors and is diagnosed late, probably due to ignorance of the disease by our patients. In this case patient had complete urinary retention for which suprapubic cystostomy was done and patient had near complete separation of penis at the base even though the patient presented late and has to undergo total penectomy. Patient is now doing well.

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