

Penile Squamous Cell Carcinoma involving Corpus Cavernosum in a Circumcised Male – A Case Report

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ABSTRACT

Background: Penile carcinoma is an uncommon condition, accounting for less than 1% of all male cancers. It typically presents as a superficial lesion involving the Glans and Penile Shaft. Risk factors for penile carcinoma include phimosis, human papilloma virus infection and tobacco smoking. The spread of the tumor to the loco-regional lymph nodes is the most relevant prognostic factor. **Case Presentation:** The current case report is about a 65 years old male who presented with non-healing ulcer involving glans and shaft of penis for two months. Examination of Perineum revealed an ulcer of size about 3 cm in length involving glans and distal penile shaft, with eaten up most of glans surface. Wedge biopsy histopathology report showed moderately differentiated Squamous cell carcinoma of the penis involving sub-epithelial tissue with lympho-vascular invasion and involvement of corpora cavernosa. CT-Scan abdomen with IV contrast showed no evidence of metastasis or lymphadenopathy. So partial penectomy was planned and carried out subsequently. **Conclusion:** Although squamous cell carcinoma of the penis a rare disease, mainly affecting the elderly population but all the penile ulcers not responding to medial therapy must be evaluated for malignancy. Most of these cases remain neglected because of inadequate evaluation and investigation by the local doctors which leads to late presentation. Due to these circumstances the patients have already metastatic disease at presentation. So, it is required to educate local doctors as well as general population to create proper awareness of this disease.

Keywords: Penile squamous cell carcinoma, Partial penectomy, Penile non-healing ulcer.

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INTRODUCTION

Penile carcinoma is an uncommon condition, accounting for less than 1% of all male cancers¹. Squamous cell carcinoma (SCC) of the penis is a disease of elderly men above age 60 years and with a standardized annual incidence of <2 per 100,000 men in developed countries¹⁻³.

It typically presents as a superficial lesion involving the Glans and Penile Shaft¹. Risk factors for penile carcinoma include phimosis, human papilloma virus infection and tobacco smoking^{1,2,4}.

If not treated, the patients with penile SCC usually die within 2 years after diagnosis of the primary lesion, because of uncontrollable locoregional disease or from distant metastases. The spread of the

tumor to the locoregional lymph nodes is the most relevant prognostic factor³.

Preventive measures for penile cancer could include circumcision, reducing the risk of transmission of penile human papillomavirus infection with male vaccination, early treatment of phimosis, smoking cessation, and hygienic measures^{4,5}.

CASE PRESENTATION

This 65 years old patient presented to Urology Outdoor, Allied Hospital, Faisalabad with complaint of a non-healing ulcer involving glans and shaft of penis for two months.

Two months back, he noted a surface ulcerated lesion involving glans which was initially small in size, but

gradually progressive. It initially involved glans and later involved distal penile shaft.

He visited a local doctor and was prescribed with oral antibiotics & pain killers. There is no associated history of discharge or bleeding from the lesion.

There was no history of any sexual contact. He had a controlled diabetes for last 10 years using insulin therapy. He was married with four issues. He was nonsmoker and retired school teacher. He was a circumcised male since childhood.

Examination of perineum revealed an ulcer of size about 3 cm in length involving glans and distal penile shaft, with eaten up most of glans surface. Ulcer margins raised, no discharge or bleeding point visible.

On palpation, A 3 cm long non tender ulcer, hard in consistency and base of ulcer not palpable. Rest of penile shaft was spared which was 4.1 cm. Superficial and deep inguinal lymph nodes were not palpable on either sides.



Figure 1: At Presentation

Wedge biopsy was taken and histopathology was advised. The histopathology report showed moderately differentiated Squamous cell carcinoma of the penis involving sub-epithelial tissue with lympho-vascular invasion and involvement of corpora cavernosa.

CT-Scan abdomen with IV contrast showed no evidence of metastasis or lymphadenopathy.

According to TNM Classification, it was T₂N₀M₀ with Grade-II.

So, partial penectomy was planned and was carried out. The specimen was secured in formalin for histopathology and margin clearance.



Figure 2: During Surgery



Figure 3: Ligation of Dorsal Vein



Figure 4: Dissection of the Corpora Cavernosa



Figure 5: Spatulation of urethra after removal of the tumor



Figure 6: Closure of the Corpora Cavernosa



Figure 7: Skin Closure

Final histopathology report was moderately differentiated squamous cell carcinoma involving sub-epithelial tissue with lympho-vascular invasion

and corpora cavernosa. Urethra was free of tumor involvement and 1 cm of margin clearance was achieved.

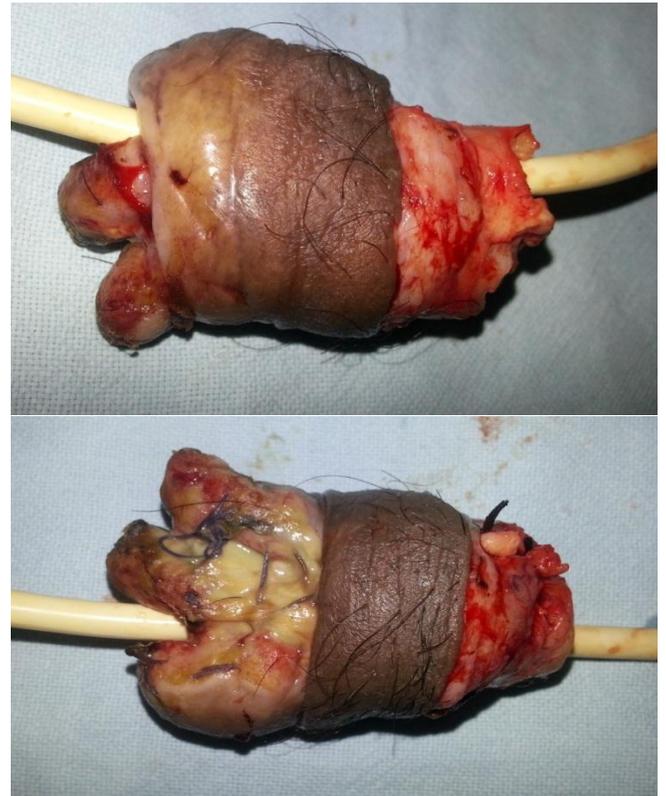


Figure 8: Resected specimen

CONCLUSION

Although squamous cell carcinoma of the penis a rare disease, mainly affecting the elderly population but all the penile ulcers not responding to medical therapy must be evaluated for malignancy. Most of these cases remain neglected because of inadequate evaluation and investigation by the local doctors which leads to late presentation. Due to these circumstances the patients have already metastatic disease at presentation. So, it is required to educate local doctors as well as general population to create proper awareness of this disease.

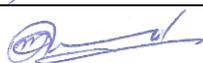
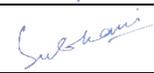
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AUTHORSHIP AND CONTRIBUTION DECLARATION

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Corrigendum

“**Penile Fracture: Role of Early Surgical Intervention on Postoperative Outcome**” by “M. Farooq, Asad Ali Shah, M. Khalid Butt, Abdul Mannan, Riaz Ahmed Tasneem” was published in A.P.M.C; Vol. 5 No.1 January-June 2011 Page 64-66 as a Case Report while it was an Original Article where in 13 cases of penile fracture had been studied and managed surgically. Due to typing mistake it has been labelled as “**Case Report**”. It should be rectified and dealt as an “**Original Article**”.



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