Case Study

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Varied Presentation of Carcinoma Penis in our Institute in the Last Two Years: A Clinical Study

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Abstract

Objectives: To study varied presentation and managing penile carcinoma in a medical college and teaching hospital. *Materials and methods:* A retrospective study was carried out in teaching hospital from the period of Jan2015 till Dec 2017. Five patients of carcinoma penis were found. The varied presentation, clinical feature and management of penile carcinoma cases was studied with follow up. *Result:* A total of five patients studied over a period of two years. All the patients of penile carcinoma were in 6th and 7th decade. On clinical examination one patient had lesion over prepucial skin, two had on glans, one lesion on the shaft penis and one had on the inguinal region. All cases were squamous cell carcinoma except one which was primary mucinous adenocarcinoma. All patients underwent surgical treatment and follow up. *Conclusions:* Carcinoma of penis is rare disease. Clinical suspicion of malignancy, good clinical and histopathological examination with patient education will be the key to detect early, treat effectively and prevent morbidity.

Keywords: Carcinoma Penis; Squamous Carcinoma Cell; Glans Penis.

Introduction

CA. Penis is a rare disorder of the male genital tract. It is usually a squamous cell carcinoma arising from the glans or the prepucial skin. It is associated with smoking, poor hygiene, low socio-economic groups, chronic balano-posthitis, smegma causing chronic irritation, phimosis, multiple sexual partners leading to sexually transmitted disease by the Human papilloma virus (HPV). Lymphatic spread is common and metastasis is seen in inguinal lymph nodes. Management of Carcinoma penis is essentially surgical. It involves partial or total penectomy with or without lymph node dissection. Chemotherapy with cisplatin is tried in advanced cases of Ca. Penis. Radiotherapy has a poor role in managing Carcinoma Penis.

In our clinical study done at out Institute which caters to majority of patients who come from the low socio-economic strata and are mostly migrant workers who live alone and are prone to indulge in multiple sexual partners, we present five cases of Ca. Penis which had a varied presentation apart from the classical presentation of verrucous ulcer over the glans. Two of the five patients had Diabetes mellitus which was diagnosed on admission.

Study

Case 1

Sixty six (66) year old male patient, migrant labourer by occupation presented to us in the OPD with a hard nodule on the glans since six months. The nodule was painless but he had difficulty during coitus. On examination, there was no phimosis, firm smegma seen in the sulcus and a small 1 cm reddish nodule seen on the anterior aspect of the glans. It did not bleed on touch. Inguinal lymph nodes were not palpable. Biopsy was done under penile block which came as well-differentiated SCC. He was taken up for partial penectomy. Follow-up of the patient in OPD is being done regularly.

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Case 2

A 69 year old male patient came to OPD with the complaints of ulcer over the shaft of the penis since three months with bleeding from the ulcer. He had history of loss of weight in the last few months. He was married and did not give history of multiple partners/ contact. On examination a 1.5 cm ulcer seen over the shaft of the penis, with irregular edges, sero-sanguinous discharge and foul smell. On admission his blood sugar was high although he did not give history of Diabetes. He was investigated. CECT of Abdomen and Pelvis was within normal limits. Edge biopsy was positive. Biopsy came as primary mucinous adenocarcinoma of the penis. No evidence of inguinal nodes present, he was posted for Total penectomy after control of infection with antibiotics and control of Blood glucose levels. Follow-up is satisfactory.

Case 3

A 70 year old male patient, laborer by occupation came to the OPD with purulent foul smelling discharge from the prepuce and swelling in the left inguinal region since two months. On retraction of prepucial skin, thick inspissated smegma was seen all around. Glans appeared normal. Inguinal region examination revealed single, firm, non-tender mobile lymph node on the left side. Right inguinal region appeared normal on clinical examination. on admission patient was investigated. FNAC of left inguinal node came as non-specific inflammation of the lymph node. He was posted for circumcision as he had unhealthy practice of not cleaning the sulcus. The histopathology report of the prepucial skin came as well-differentiated low-grade SCC. He was advised surgery however inspite of proper counseling, patient refused further management and was lost on follow-up.

Case 4

A 60 year old male patient presented to us with a large fungating mass over the penis since one year with bloody discharge and hard swellings in the right and left inguinal region. He was emaciated, dehydrated and came from a very poor back-ground. The delay in approaching the hospital was due to his poor economic status as he lived far away from the city and had no money to come to the hospital. He gave history of having taken some local treatment, details of which were not available to us. On examination, there was a large cauliflower like ulcero-proliferative growth over the glans of the penis extending upto the distal shaft region. There was unhealthy slough over the growth, foul smelling purulent discharge and the edges were rolled over. The external urethral meatus was buried in the growth and urine could be seen dribbling from the under surface of the growth. Inguinal region of both sides showed hard, non-tender, fixed nodes which clinically appeared metastatic. Patient was thoroughly investigated. FNAC of nodes came as positive for metastasis from SCC. CECT of Abdomen and Pelvis was within normal limits. Edge biopsy was positive for SCC. Oncosurgeon was consulted for further management and patient underwent radical total penectomy with bilateral inguinal node dissection. Patient had SSI on the left inguinal incision in the post-operative period, but recovered well and was discharges in a good condition.

Case 5

A 66 year old male patient presented to our OPD with a swelling in the right inguinal region since six months. He had no other complaints. on examination, the swelling was found to be a hard fixed mass of lymph nodes, non-tender and matted. prepucial retraction revealed a tiny ulceration on the posterior aspect. the sulcus was unclean and dry smegma flakes were seen. FNAC of the node mass was suggestive of metastasis from SCC. Circumcision was done and H/P was reported as well-differentiated SCC. Patient underwent partial penectomy with inguinal node dissection on the right side and sentinel node biopsy of left after thorough investigations. Biopsy from left node came negative for malignancy. He is doing well on follow-up.

Table 1:

Site of Lesion	Previous H/ocircumcision	Medical disease	Socioeconomic status
Prepuce	No	No	Low
Glans	Yes	NO	Low
Glans	No	No	Low
Shaft of penis	No	Yes	Low
Inguinal mass	No	NO	Low

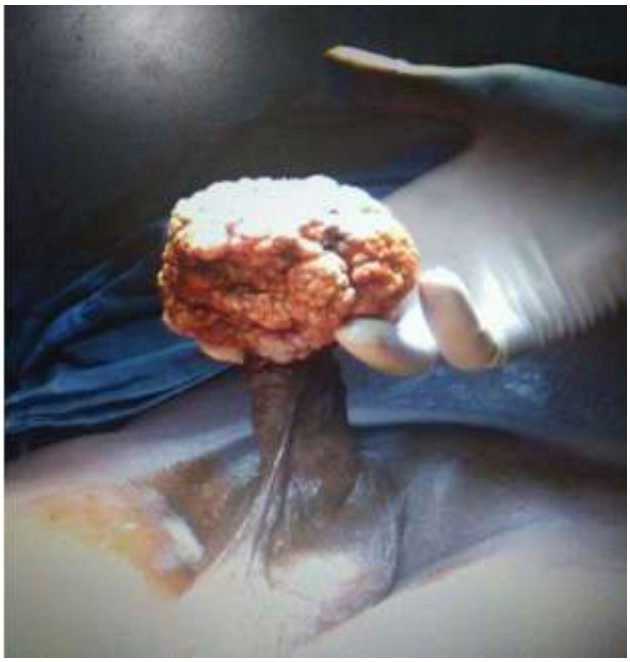

Fig. 1: Ulcero-proliferative growth

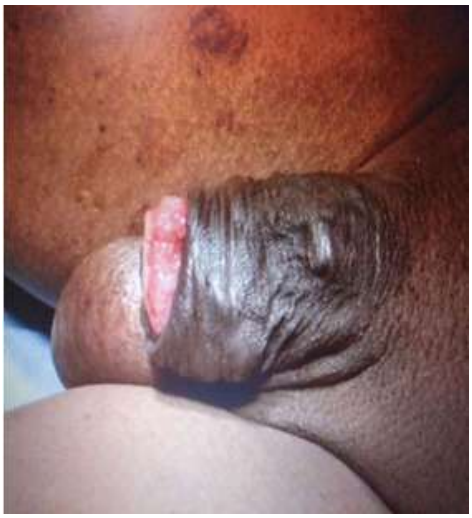

Fig. 2: Nodule over penis with small ulcer over glans

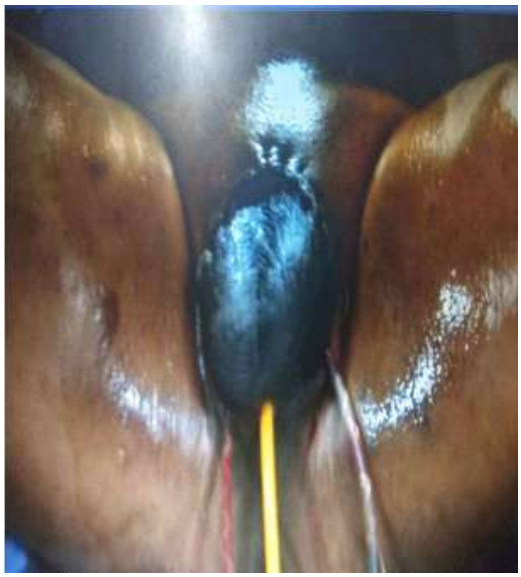

Fig. 3: Early post-operative -total penectomy

Fig. 2: Well healed after total penectomy

Discussion

Squamous cell carcinoma of the penis is a rare disorder, mainly affecting the elderly. Risk factors like smoking, chronic irritation with chronic balano-posthitis, phimosis, smegma, poor hygiene and low socio-economic strata are well documented [1-4]. The association of Human papilloma virus with SCC of penis is well established [1,5]. There are studies that show that a high percentage of penile cancer cases are associated with HPV infection, speciûcally

Serotypes 16 and 18 in 80% of primary tumors [5]. Circumcision offers relative protection against development of SCC of penis but must be done in infancy [6].

Ninety-six percent of epidermoid penile cancers are epithelial tumors and the remaining 4% are basocellular tumors, Melanoma, Kaposi's as in AIDS, lymphomas. [7].

Clinically it usually presents as a verrucous or ulcerative lesion on the glans or prepuce, bleeding on touch but painless. Initially inguinal lymphadenopathy is due to secondary infection of the ulcerative lesion. It is the bacterial infection that produces purulent and foul smelling discharge. As the disease progresses, the lesion can become large ulcero-proliferative growth involving the part or whole of the shaft of penis with distant metastasis to the inguinal lymph nodes. It is at this stage that nodes become clinically hard and fixed. If untreated, the metastatic lesion of the nodes can further grow rapidly and can present as a large fungating mass in the inguinal region [8]. Sites most commonly involved in SCP are, Glans – 48%, Prepuce – 21%, Glans and prepuce – 9%, Corona – 6%, Shaft – 2%, and large mass with glans and shaft – 14%; thus glans appears to be the commonest site of SCP [9].

Diagnosis is established by edge biopsy or histo-pathology of the prepucial skin after circumcision.

The treatment of Ca. Penis is essentially surgical. Chemotherapy has limited role and Cisplatin has been tried. The role of radiotherapy is still unclear. surgical management is either partial or total penectomy with or without radfical inguinal lymph node dissection depending upon involvement of nodes in the disease process [10].

In our institute that caters to the poorer section of the society with majority of patients from the low socio-economic strata, poor hygiene, inability to reach hospital in time due to financial constraints, myths about genital diseases, shame, fear and multiple sexual partners, Ca. Penis although a rare disease, can be seen in its varied forms. Even a small insignificant ulcer on the sulcus can turn out to be SCC. Every circumcised skin must be sent for histo-pathology, however normal it may seem. patients come to us from the very early stage with no metastasis and well-differentiated lesion

where a partial penectomy gives good results to advanced fungating lesions of the penis or even the inguinal node mass. Such cases need expert management and Oncosurgeon is consulted in our Institute.

Conclusion

Although Ca. Penis is a rare disease, an Institute which caters to hundreds of patients and does tertiary level of work, we get to see varied presentation of Ca. Penis. It is important to be aware of malignancy and send every adult circumcised skin for histo-pathology, lest we miss the malignancy. Management at tertiary level where Oncosurgeons are available involves radical surgery to give good results.

Conflict of Interest

None.

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