

Penile cancer, an uncommon but threatening form of cancer: a case report

Dr. Manisha Devnani*¹ (2nd Year Resident), Dr. Mukesh Pancholi¹ (Proff&Head Of Department), Dr. Digant Patel¹ (Asst. Professor), Dr. Jagrut Patel¹ (Asst. Professor), Dr. Prerna Razdan¹ (2nd Year Resident)

*Corresponding Author: Dr. Manisha Devnani, Email ID: manishadevnani98@gmail.com
1 (Department of General Surgery, SSG Hospital, Vadodara, Gujarat, India – 390001)

Abstract:

Penile cancer is rare type of tumor mostly seen in men over 50. Most often, patients fail to recognize their symptoms and decide to suppress their pain out of fear of being judged by others. Patients continue to be reluctant to discuss genital issues with doctors and to seek therapy early in the course of the disease. Patient education is crucial for an early cancer diagnosis because a delay in the diagnosis can raise worldwide mortality rate. The following case study describes a 77-year-old man with penile cancer who visited the hospital at a late stage of the disease, which results in delaying the initiation of treatment. In our case report, the patient received prompt treatment after receiving a diagnosis of terminal penile cancer. The case report presented here is crucial for helping medical professionals in the treatment of advanced cancer patients.

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I. Introduction:

Penile cancer is a condition when the tissues of the penis develop cancerous cells. The prevalence and death of penile cancer, a relatively uncommon genital tumor, are rising globally. Most cases of this genital cancer are seen in people over 50, and the incidence rates are increasing with age. These cancers may act like deadly disease due to late diagnosis. Most of the times cancer is diagnosed at the late stage, due to lack of knowledge among patients. Due to social stigma or fear also, its symptoms are frequently disregarded, but if diagnosed early enough, it can be treated more effectively. Early signs may include area of skin with change of color, ulcer or lump over penis that might bleed and smelly discharge (fluid) under foreskin etc [1-4]. Penile tumors are thought to be caused by body fluids that get trapped in the foreskin. If they aren't washed away on a routine basis, they can have cancer-causing effects. This cancer can be diagnosed after analysis of proper history with physical examination. As per Global Cancer Registries (GLOBOCAN) in 2020, Asia had highest incident and mortality rate with 56.3% and 62% respectively. On the other hand Latin America and the Caribbean had lowest rate of incident and mortality with 4.8% and 3.6% rate respectively. Global Cancer Registries in the year of 2020 also declared that India had one of the highest rates of penile cancer in the world, at 10,677 cases per 100,000 men [5]. This article will focus on presentation, diagnosis and management of a case of an elder male with penile cancer.

II. Case Presentation:

A 77-year-old male presented to the surgical Out Patient Department with complaints of raw area over genital and inguinal region associated with pain since 6 months. The patient has an undiagnosed psychiatric illness, but no any psychopathology was discovered during the psychiatric evaluation. He gave history that something was wrong over his genital and inguinal region and was performed the auto or self penectomy 6 months back. Patient was able to pass urine with multiple openings and burning. No any other complaint of fever, vomiting or constipation was provided. The patient was not known case of Diabetic mellitus and major surgery in the past. The patient was non-addicted. On examination, the patient was vitally stable. On physical examination presence of 6x4 cm² raw area over genital region with granulation tissue, bleeding spot with irregular margins and adherent to underlying bone with complete loss of penis was observed (Figure 1). Two testis visualized, slough present with small amount of blood and multiple openings. He was able to pass urine from those openings with dribbling. B/I inguinal lymph nodes was palpable. All routine blood investigations was done along with x-ray DL spine (marginal osteophytes noted in visualized spine), chest x-ray (calcific foci

noted in right upper and left middle lung zone, USG b/l inguinoscrotal region (no specific finding), USG KUB (suggestive of cystitis changes) for identification of metastasis. The wedge-shaped biopsy from the right inguinal area (suggest moderately differentiated squamous carcinoma cell carcinoma) was provided by considering malignant lesion due to history of selfpenectomy suggesting. At the time of presentation, the urinary opening could not be seen, leading to catheterization, which was unsuccessful. Next, IFT was tried, but it could not be inserted more than 4 cm, and as a result, two openings were found: one at the base of the right scrotum (Figure 2), and another that passes through the right side of the scrotum and comes out at the pubic area (Figure 3, 4), leading to the eventual planning of Suprapubic cystectomy (SPC). For SPC physician fitness and Pre anesthesia checkup was done. The patient was taken for open SPC under Spinal anesthesia.

Pfannestiel incision was kept 3cm above pubic symphysis, ant rectus sheath was cut transversely, rectus muscle was split. Peritoneum was identified and bladder was confirmed by aspiration of urine. Purse string suture was taken, stab incision kept and Foley's catheter was inserted, urine came and bulb inflated with 10cc NS catheter was fixed with silk 1.0.

Muscle approximation done by vicryl 2.0 in interrupted manner, rectus sheath suturing done with vicryl 2.0 in interlocking manner, skin suturing was done with ethilon 2.0 in vertical matters manner. In addition, catheter fixed with silk 2.0 with purse string suture and dressing was also done. Patient was kept under antibiotic coverage for 5 days with dressing on post-operative day 3. Thereafter, the patient was referred to oncology for further management and at oncology patient received advice for CECT abdo-pelvis to see extension of diseases and for lymph node involvement. The patient was transfer to oncology ward for palliative radiotherapy to pelvic area (for the purpose of pain management and local tumor control) and by oncologist palliative radio therapy of 30gy for 10 cycles (3gy/cycle) was started.

III. Conclusion

Penile cancer is the rare cancer that forms in the penis. It is often ignored until it is advanced, patients are unwilling or embarrassed to talk about their genitals or may be afraid for the treatment or surgery on the penis. Biopsy is the best way to diagnose the cancer and CECT help to know the spread of disease and accordingly decide the treatment protocol. In our case, the patient disregarded the signs and arrived too late, which led to diagnosis of late-stage cancer and a palliative care treatment plan. This case report is intended to aware surgeon and early identification of cancer on the basis of symptoms.

IV. Discussion:

When the tissues in the penis acquire malignant cells, it is called penile cancer. This is a relatively uncommon genital tumor, which is increasingly globally. Risk factor can be useful for the diagnosis of any cancer. Risk factor affects chance of having any disease. If one is at risk, identifying that at early stage is critical. Penile cancer is ignored until it is advanced. One of the risk factor responsible for the development of penile cancer is Human papillomavirus (HPV) infection. Human papillomavirus (HPV) is a group of more than 150 related viruses. They are called papillomaviruses because some of them cause growths called papillomas (more commonly called warts). It is the virus transmit through sex. Many patients with penile cancer have been discovered to have anti-HPV-16 antibodies. Penile tumors are thought to be caused by body fluids that get trapped in the foreskin. If they aren't washed away on a routine basis, they can have cancer-causing effects. Thus, penile cancer is less common in men who practice adequate genital hygiene [6,7]. In addition, men with circumcised penis are at lower risk of cancer. Although the cause of this is still unknown, it is likely related to risk factors, as men who have their penis circumcised neither acquires the substance known as smegma nor the condition known as phimosis. In our case, late reporting of patient led in delay identification of cancer and as a result late treatment. Although definitive recommendations cannot be made for the treatment of premalignant diseases, strategic health goals including lowering human papillomavirus transmission could be achieved by prevention approaches. Timely phimosis treatment, abandoning smoking and taking hygienic measures can be useful [8,9]

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Figures

Figure 1: On presentation ulcer over inguinal region with auto – penectomy

Figure 2: on IFT insertion opening found at base of right scrotum

Figure 3: Second opening at right side of right scrotum and coming out at pubic area

Figure 4: incision line with suture of SPC

Figure (1)



FIGURE (2)



FIGURE (3)



Figure (4)

