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Original Research Paper

General Surgery

HIDDEN PENILE SQUAMOUS CELL CARCINOMA : A CASE REPORT

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KEYWORDS : penile cancer ; squamous cell carcinoma ; inguinal metastasis ; hidden

Introduction

Penile cancers are rare group of malignancy usually presents as a superficial lesion which accounts for 0.5% of all cancers among men in developed countries . Although rare , they are associated with significant deformities and only half of the patients survive beyond 5 years . primary lesion and lymphnodes must be properly evaluated since nodal involvement is important for survival .

Squamous cell carcinoma is most common type . The inguinallymph nodes are the most common site of metastasis. 30-50 percent of patients have palpable inguinal lymph nodes with superficial penile growth at the time of diagnosis . 50 percent of those have metastatic lymph nodes and other 50 percent of those have inflammatory reaction .rarely cases are reported presenting as inguinal metastasis without significant lesion in penis clinically as in our case .

Case Report

A 47-year old Indian men complained of ulceroproliferative lesion in right groin for past 2 months . Patient was apparently normal 2 months back following which he developed swelling in right groin which is insidious onset , gradually increased in size later become ulceroproliferative in nature which bleeds on touch associated with serous discharge . edge wedge biopsy taken from lesion came with histopathological diagnosis of secondary squamous deposits. primary lesion couldn't be ruled out . penis appears clinically normal . still circumcision was done andj prepucial skin sent for biopsy with results were inconclusive . Later biopsy was taken from thickening around corona in ventral aspect with histopathological diagnosis as invasive squamous cell carcinoma . MRI Pelvis shows illedefined T2 Hyperintense exophytic right inguinal lymphnode enlargement noted measuring 8*7.5*5.8cm . The fat plane between the node and femoral vessels appear maintained .

Discussion

Penile malignancies are a rare disease, especialy in the developed world. The incidence is for less than 1% of malignancies in males, affecting between 1 to 2 individuals per 100 000 in .[1] Incidence more common between the sixth and eighth decade with risk factors that include: smoking, a history of human papillomavirus infection and uncircumcised foreskin.[2] However, almost all cases of squamous cell penile cancer present with visible cutaneous lesions that are typically found on the glans or beneath the foreskin.[3,4] To our knowledge, our patient's subepithelial, non-visible presentation of this squamous cell carcinoma is the first to be reported.

The surgical margins were narrow but clear during the initial partial penectomy. A number of studies have found that large traditional margins did not significantly improve outcomes in penile cancer; indicating that a few millimeters is usually sufficient to prevent localized recurrence.[5,6] Pietrzak and colleagues showed recurrence in only 1 out of 39 patients who underwent glans-preserving surgery. The same study found no instances of recurrences when the glans was removed; however, this data are based on a very limited follow-up period.[7] European Urology released revised guidelines in 2009 reflecting the growing evidence that large margins are not necessary and concluded that 3-mm margins are sufficient for local control.[8] In this case, narrow margins were required to maintain a penile stump sufficient to direct a urinary stream.

Involvement of regional lymph nodes is the most powerful prognostic factor in penile cancer and lymphatic involvement may be found even in the absence of clinical signs.. Ornellas and colleagues concluded that lymphadenectomy is called for in all cases of invasive carcinoma. This is based largely on the fact that nodal recurrences have been seen to occur years after the removal of the primary tumour. Patients undergoing immediate lymphadenectomy had an increased 10-year survival compared with those who received more conservative treatment to avoid the morbidity of overtreatment.9 Dynamic sentinel lymph node biopsy has been shown to offer similar benefits; however, to our knowledge its availability in Canada is limited largely due to the large case volume required for optimization and the low incidence of penile cancer.[10,11] Theodusco and colleagues showed that nodal recurrence with high-grade tumours is exceedingly high. Conservative management may only be used effectively in low-grade disease.[12] according to nccn guidelines , patient was planned to manage with neoadjuvant chemotheraphy later bilateral inguinal lymph node dissection and partial penectomy

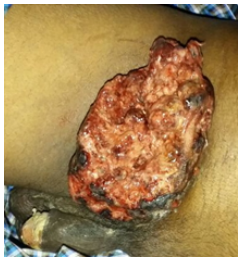

Figure 1 shows inguinal secondaries of hidden penile cancer

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