

Penile Cancer: Case Report and Literature Review

Mateus Henrique da Silva Faria✍, Vinicius Costa Lopes✍,
Maycow Douglas Arantes✍, André Luiz Coelho Pereira✍,
Bruno Vita Ricci✍, Andressa Hellen Nora da Silva✍,
Vinicius Trevizam Soares✍

Abstract: Penile cancer is a rare but very aggressive neoplasm, associated with poor hygiene conditions, HPV infection and other Sexually Transmitted Diseases (STDs), among other risk factors, whose incidence is higher in underdeveloped and developing countries. It presents as an ulcerated, infiltrative lesion and can affect the body of the penis, foreskin or glans. Usually diagnosed through biopsy of suspicious lesions and staged with physical examination, CT of the chest and abdomen, and MRI of the pelvis. Treatment, depending on the stage, involves surgery and systemic treatment with immunomodulators and chemotherapy.

Introduction

Penile cancer is a rare neoplasm, but its incidence increases in underdeveloped and developing countries and its diagnosis is late in most cases. The squamous cell carcinoma (SCC) subtype represents 95% of penile tumors. We report the case of a patient diagnosed with penile SCC.

Case Report:

A 63-year-old male patient, coming from the interior of Paraíba, with a background of urethral stenosis for 2 years, progressing to perineal abscess and urinary fistula in the bulbar urethra. He was submitted to cystostomy in another service after moving to the state of São Paulo. He arrived at the São José do Rio Preto Base Hospital with a perineal abscess. A lesion that affected the entire perineum was found, scrotum and bulbar urethra (Image 1). The biopsy showed SCC of

the penis. Staging tests did not show distant metastases. Magnetic resonance imaging (MRI) of the pelvis showed diffuse perineal involvement by the tumor, infiltrating the pelvic floor, prostate, root and corpus cavernosum of the penis and scrotum (Image 2). Preoperative nutritional preparation and physical therapy were performed, as the patient had a low performance status. Two-stage surgical resection was planned. In the first stage, exploratory laparotomy was performed with intestinal diversion (terminal colostomy) and urinary diversion (ureterosigmoidostomy) independently of each other (Image 3). In the interval between the two surgeries, the patient died as a result of a cardiovascular event. The schedule for the second time was emasculation with pelvic exenteration, resection of the pelvic floor muscles and skin closure with an advancement flap.



This article is published under the terms of the Creative Commons Attribution License 4.0
Author(s) retain the copyright of this article. Publication rights with Alkhaer Publications.
Published at: <http://www.ijsciences.com/pub/issue/2022-11/>
DOI: 10.18483/ijSci.2625; Online ISSN: 2305-3925; Print ISSN: 2410-4477



Mateus Henrique da Silva Faria, Vinicius Costa Lopes, Maycow Douglas Arantes,
André Luiz Coelho Pereira, Bruno Vita Ricci, Andressa Hellen Nora da Silva,
Vinicius Trevizam Soares (Correspondence)



+

Discussion

Penile cancer is a malignant lesion which affects either the skin of the body of the penis, the foreskin or the glans. It is a rare disease, with devastating potential, being more incident in places such as Africa, Asia and Latin America, with a higher incidence in the fifth and sixth decades of life. The presence of phimosis, HPV infection, zoophilia, sexually transmitted infections, multiple sexual partners, poor hygiene, penile trauma and smoking are risk factors. It may present as an ulcerated and infiltrative, secretive lesion, with nodules, fistulas and abscesses. Most cases are diagnosed late. The biopsy of a suspected penile lesion provides the anatomopathological diagnosis. Staging is performed through pelvic MRI, abdominal and chest CT scans, and physical examination. The treatment varies according to the stage of the disease and varies from local excision to extensive and mutilating surgeries. The systemic treatment involves the use of immunomodulators and chemotherapy, depending on

the stage. Our patient had locally advanced disease and the proposed surgical procedure sought to divert the intestinal transit and urinary tract for infection control and performance improvement for the second, larger surgical stage. The option for ureterosigmoidostomy instead of the ureteroileostomy was intended to avoid performing an intestinal anastomosis in an extremely debilitated individual.

References

1. HANG, Sam S.. Urological Oncology: bladder, penis and urethral cancer, and basic principles of oncology. *Journal Of Urology*, [S.L.], v. 205, n. 1, p. 302-303, jan. 2021. Ovid Technologies (Wolters Kluwer Health). <http://dx.doi.org/10.1097/ju.0000000000002807>.
2. AHMED, Mohamed E.; KHALIL, Mahmoud I.; KAMEL, Mohamed H.; KARNES, R. Jeffrey; SPIESS, Philippe E.. Progress on Management of Penile Cancer in 2020. *Current Treatment Options In Oncology*, [S.L.], v. 22, n. 1, p. 1-9, 23 nov. 2020. Springer Science and Business Media LLC. <http://dx.doi.org/10.1007/s11864-020-00802-3>.