Case Report

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Squamous Cells Carcinoma of the Penis: About 2 Observations

Salifou Issiaka Traore[1*], Ousmane Dembélé[1], Bathio TRAORE[2], Soumaila Alama Traore[3], Sadou Touré[6], Aly Boubacar Diallo[2], Layes Toure[5], Moussa Kanté[4], Moussa DIASSANA[2], Ternan Traore[5], Abdoulaye Sanogo[7], Ange M Dembélé[7], Kateneme Seydou Ouattara[1] and Mamadou Bamba[1]

[1]*Department of Urology.*

[2]*Department of General Surgery.*

[3]*Gynaeco-obstetrics department.*

[4]*Department of Anesthesia-Resuscitation. Sikasso/Sikasso-Hospital.*

[5]*Department of Traumatology.*

[6]*Department of internal medicine. Sikasso Hospital/ Sikasso-MALI.*

[7]*Service of imagery. Sikasso Hospital/ Sikasso-MALI.*

***Correspondence authors**

Dr Salifou Issiaka TRAORE
Urologist MD PhD
Sikasso Hospital
Sikasso-MALI

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Abstract

Penile squamous cells Carcinoma: Cases report

Penile cancer Pca is one of the rarest malignant tumors of men. Compared to developed countries, Pca incidence is relatively high in our Africans and others third world countries. This could be explaining by our low education level, difficult health care facilities access and the lack of policies to promote sexual and reproductive health. Here we present two cases who has been admitted in our service with the complains of penile ulceronecrotic wound and associated to dysuria. After biopsy tissue histopathology, the diagnosis of SCC has been made. Two third partial penectomy and total radical penectomy were done, bilateral lymphadenectomy was also performed. The results of different exams, such as post operatory histopathology, Abdomino-pelvic ultrasound and Thoraco-abdomino-pelvic CT scan permitted to confirm the diagnosis of SCC of the Penis, Staging PT3N1Mo PT3N2M0. Postoperative short term follow up was uneventful for both .Penile SCC remains rare in our practice. Early detection followed by rapid management is the only way to avoid aggressive treatment and improve the prognostic.

Key words : Squamous cell carcinoma, Ulceronecrotic wound, lymphadenectomy, Penectomy.

Introduction

Penile cancer is one of the rarest malignant tumours of male urogenital tract whose most common histological type is squamous cell carcinoma SCC (Tsen et al., 2001). Pathology affecting mainly adults and the elder men with an incidence that is quite low in Western countries, but slightly high in africa, Southeast asia and some latino-american countries (Curado et al., 2007).

Its etiopathogenesis remains uncertain, but phimosis and HPV infection have been recognized as potential risk factors for this pathology. Early detection followed by appropriate management is the only way to improve the five-year survival rate and the choice of less aggressive treatment. We present two cases admitted in our department and proceed in literature review.

Clinical Case Number 1

Mr XX is a farmer, breeder aged 58 years. He has been married without children for about 30 years, domiciled in Kignan; transferred from the visceral surgery department for dysuria and ulceronecrotic wound of the glans evolving for about 10 years. All began about 40 years ago, when the patient complaining for partial leukoplakia associated with pruritus of the glans and terminal haematuria, sought care at the local health care center. As the majority of boys at this time are suffering from schistosomiasis, he systematically received anti-bilharzian treatment and cream for local application. Given the persistence of the symptoms, he decides to isolate himself in the bush, alone with these animals in order to properly submit to the requirements of traditional treatments. Ten years later, he finally resumed community life by marrying his brother's widow. During the last three years, faced with the pain related

to glans ulceration, dysuria and bilateral inguinal swelling, he decides to come to the hospital for better care. At the end of this consultation, visceral surgery transfers it to us because of dysuria and ulcero-necrotic wound of the glans. The patient has no particular medical-surgical history except for a posthectomy performed at the age of 14. Physical examination finds a lucid patient with acceptable general condition. TA: 130/90mmhg, P: 100 bpm, breathing: 24/min, Temperature: 36.9 C. Flexible, non-scarring abdominal wall. However, we note a bilateral reducible inguinal mass. Examination of the external genitalia shows an ulcero-necrotic wound of the glans; the presence of bilateral inguinal adenopathy and hardening of the penis on palpation (Figure 1).

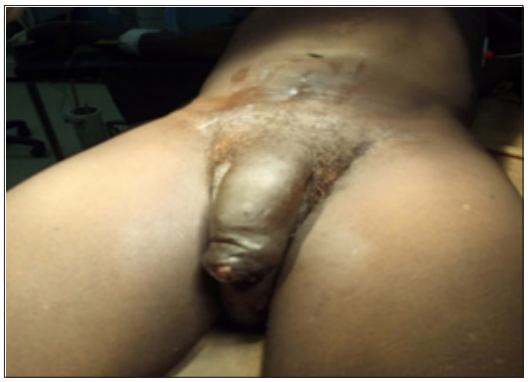

Figure1: Preoperative image of Penile SCC with ulceronecrotic wound of glans

After cystostomy, urinary bypass, a pathological examination of biopsy sample taken from the wound reveals squamous cell carcinoma on eosinophilic urethritis. Biological assessment: Group Rh: O +; NFS Reveals mild microcytic hypochromic anaemia, thrombocytosis (Platelets: 508000/mm3); a PSA level: 3.50 ng/ml. Urethral swab reveals Escherichia coli infection susceptible to imipenem, gentamycin and ofloxacin. Imaging studies carried out by ultrasound and CT scan have revealed a struggle bladder, normal size prostate with some calcification, glans and distal cavernous bodies' infiltration. However, they did not reveal any distant metastatic lesions. CT scan shows: primary tumor of the glans and three erectile bodies invasion; the presence of inguinal lymphadenopathy and bilateral inguinal hernia (Figure 2).

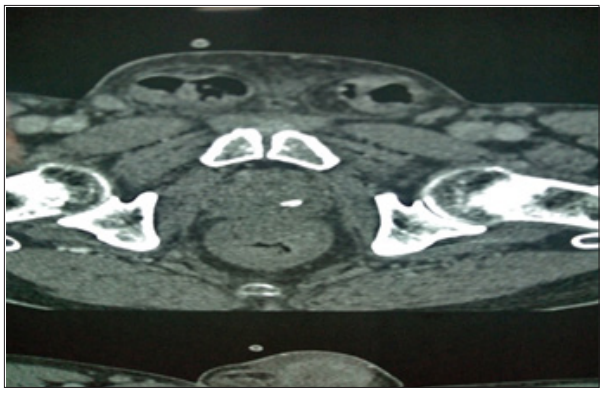

Figure2: TDM image showing bilateral groin hernia secondary to urethral invasion by primary SCC of glans

Partial 2/3 distal penectomy with urethrovesical catheterization, associated with a bilateral lymphadenectomy was performed on Tuesday, August 20, 2019 (Figure 3).

Figure 3: Image of glans SCC after partial penectomy and lbilateral lymphadenectomy

Intraoperative exploration revealed an infiltration of the entire distal part of the two cavernous bodies and the urethra. The result of the postoperative pathological examination confirmed the diagnosis of squamous cell carcinoma with a positive excision margin and classified PT3N1M0. The postoperative follow-up was punctuated by complications such as insomnia, irritability, tremor related to a neurosis of anxiety; infection of the surgical site. Patient was discharged at the 25th postoperative day. After 3 months follow-up without local recurrence, he was referred to the oncology department of the Mali hospital for appropriate management

Clinical Case Number 2

Mr XX is a farmer, 56 years old, married and father of 7 childrens, living in kourousadougou; Referred from sikasso referral center because of ulcero-necrotic wound associated to uretro-cutaneous fistula evolving for about 2 years. The beginning would date back to the age of fifteen, marked by the appearance of nodule at the ventral base of the penis whose progressive evolution will cause dysuria. Faced with which he would started a series of consultations at Sikasso's Referral center and then at Kati national hospital where investigations and unspecified treatment brought some improvement. During the last 5 years, patient has been confronted with repeated episodes of dysuria and urine retention, as a result of which, unsuccessful attempts of uretrovesical catheterisation led to bladder punctures. Subjected to traditional treatments during the last three years, the evolution was marked by an increase in the volume of scrotum and the appearance of an ulcero-necrotic wound. Given the addition of uretro-cutaneous fistula to this wound and his release of foul smell, patient finish to request consultation in our department. There is a history of posthectomy performed when he was 5 years. The physical examination finds a patient with moderate general condition. Flat, flexible and non-scarring abdominal wall. External genitalia exams shows an ulcero-necrotic wound at the basis of penis ventral side witch is associated to phlegmonous inflammatory scrotums; the presence of multiple warty growths

like rooster crest on the penis, inguinal lymphadenopathy and hardening of the penis. Both Abdominopelvic ultrasound and Thoraco-abdomino-pelvic CT scan have revealed erectile bodies' infiltration; the presence of inguinal lymphadenopathy and the absence of liver, lungs metastasis.

Biological assessment find: Group Rh: A +; NFS: Hb 9.0g/ml, hyperleukocytosis; PSA: 2.40 ng/ml. An emasculation associated with a bilateral lymphadenectomy was performed on September 17, 2021.All this crowned by a perineal ureterostomy on with uretrovesical catheter exiting between the scrotum and anus. Pathological examination of the operating sample concluded to moderately differentiated squamous cell carcinoma, classified pt3N2M0 with a positive excision margin. The immediate postoperative follow-up was simple. Patient was released on the 18th postoperative day. Six weeks postoperative we proceed in catheter removal allowing to pass urine in a sitting position. Two months of postoperative follow-up, no local recurrence was detected. The patient was referred to the oncology department of the Mali Hospital in order to receive an adjuvant treatment.

Figure 4: Phlegmonous scrotum and uretrocutaneous fistula following urethral invasion by SCC

Figure 5: image of penile SCC after total penectomy,and uretrostomy perineal

Discussions

During 30 months of activity, we recorded only two cases of penile cancer whose histological type is SCC; this in elderly men and whose delay for appropriate care request exceeds 30 years. This finding is consistent with the literature where penile cancer in addition to the fact that it is an infrequent pathology, its incidence tends to increase after the fifties (Bernard et al., 2008). Although it's uncertain aetiology, the role of some factors has been recognized in the genesis of this disease. These contributing factors include: non-circumcision and lack of hygiene; some dermatological precancerous lesions such as: sclero-atrophic lichen, queyrat erythroplasia and condiloma acumineta (Schoen et al., 2000).

However, the precocity of sexual intercourse, their frequencies as well as the multiplicity of sexual partners have been incriminated as risk factors of penile cancer by some authors (Chaux et al., 2013). This observation is in right line with our observation where we found a typical lesions of HPV infection in our 2nd patient. The history of our patients corroborates with the literature (Wanick et al., 2011). Indeed, adolescent no scolarized villagers, circumcised relatively late, having agriculture and / or the breeding of small ruminants as their main activities; our patients will surely have difficult to maintain personal and genital hygiene. But on the other hand, none of them smoked cigarettes. About sexual activities: the first patient married relatively late, has never been active sexually, the second patient married early and moreover father of 7childrens. Despite uncertain etiopathogenesis, according to the literature (Pow Sang et al., 2002) the history of these patients reveals the existence of characteristic dermatological signs, suggestive of this disease. The prognosis of this neoplasia depends not only on the histological type and grade, but also on its evolution stage at discovery (Mosconi et al., 2005).

Our patients had an infiltrating form that had been evolving for more than twenty years under inappropriate treatment; finally causing a difficulty of bladder emptying, mainly due to spongy body infiltration. This observation is in line with the literature where for the reasons of taboo, ignorance or accessibility, the vast majority of penile cancers are discovered at late stage (Rees et al., 2008). Ultrasound and computed tomography brought a crucial contribution to confirm erectile bodies' invasion, presence of inguinal lymphadenopathy and the absence of distant metastatic lesions. But, they could hardly discern inflammatory lymphadenopathy from the metastatic one. There is no standardised treatment for locally advanced SCC of the penis. In accordance with the recommendations of some scientist's societies, we opted for partial amputation in the 1st patient and total emasculation for the second with a bilateral lymphadenectomy in both cases. Given disease pathological stage, adjuvant chemotherapy as suggested by other authors (Pizzacaro & Piva, 1988), could improve the chance of survival. But due to the lack of resources, these patients were not able to access the only oncological care center based at Bamako.

Conclusion

SCC remains rare. Information, education of population, community health care provider's even traditional therapists in the aims to increase awareness and help them to recognise precancerous signs are mandatory.

Early diagnosis, prompt and appropriate management are the only way to avoid aggressive treatment options and improve the prognosis. The combination of psychological management, and adjuvants chemotherapy or radiotherapy may improve the survival rate after aggressive .

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