



CASE PRESENTATION

Epidermoid carcinoma of the penis: a case report

Carcinoma epidermoide de pene: presentación de un caso clínico

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ABSTRACT

Introduction: the penis has symbolic and physical importance for all men, as it is crucial for sexual functioning and urination. Penile cancer is a proliferative and disordered process of the squamous epithelial cells of the penis; It is a rare tumor, which has been overlooked in male oncology.

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Objective: to describe the case of a patient with squamous cell carcinoma of the penis.

Case presentation: 21-year-old white male patient with a health history who attended the Urology consultation at the Faustino Pérez Provincial Clinical Surgical Teaching Hospital due to a lesion on the glans that had an ulcerated appearance that increased in size until it occupied two thirds. of the penis of 8 months of evolution, accompanied by itching.

Conclusions: Penile cancer is a rare but serious disease that affects men. Prevention includes proper hygiene practices, vaccination against human papillomavirus, and avoiding risk factors such as tobacco. Early diagnosis is crucial for effective treatment and avoiding rapid progression of the disease. Education about this disease is essential to promote early detection and improve patient outcomes.

Keywords: Epidermoid Carcinoma; Penile Cancer; Phallectomy

RESUMEN

Introducción: el pene tiene una importancia simbólica y física para todos los hombres, ya que es crucial para el funcionamiento sexual y la micción. El cáncer de pene es un proceso proliferativo y desordenado de las células epiteliales escamosas del pene; es un tumor raro, que ha sido pasado por alto en la oncología masculina.

Objetivo: describir el caso de un paciente con carcinoma epidermoide de pene.

Presentación de caso: paciente masculino, blanco, de 21 años de edad con antecedentes de salud que acudió a la consulta de Urología del Hospital Provincial Clínico Quirúrgico Docente Faustino Pérez por presentar lesión en el glande de aspecto ulcerado que aumentó de tamaño hasta ocupar dos tercios del pene de 8 meses de evolución, acompañado de prurito.

Conclusiones: el cáncer de pene es una enfermedad poco común pero grave que afecta a los hombres. La prevención incluye prácticas de higiene adecuadas, vacunación contra el virus del papiloma humano y evitar factores de riesgo como el tabaco. El diagnóstico temprano es crucial para un tratamiento efectivo y evitar el rápido progreso de la enfermedad. La educación sobre esta enfermedad es fundamental para fomentar la detección precoz y mejorar los resultados en los pacientes.

Palabras clave: Cáncer de Pene; Carcinoma Epidermoide; Falectomía

INTRODUCTION

The penis is of symbolic and physical importance to all men, as it is crucial for sexual functioning and urination. ⁽¹⁾ Penile cancer (PC) is a proliferative and disordered process of squamous epithelial cells of the penis; it is a rare tumor, which has been overlooked in male oncology. ⁽²⁾

The scientific literature reports an average age between 50 and 70 years. ⁽³⁾ Due to its low incidence, there are many controversies regarding treatment. Some authors advocate conservative treatment to preserve sexual function, such as partial phallectomy, while others consider that a more aggressive treatment such as total phallectomy is indicated. ⁽⁴⁾

Therefore, the objective of this work was to describe the case of a patient with epidermoid carcinoma of the penis.

CASE PRESENTATION

A 21-year-old white male patient, 21 years old, with a medical history, visited the Urology Department of the Hospital Provincial Clínico Quirúrgico Docente Faustino Pérez for presenting an ulcerated lesion on the glans penis that had increased in size to occupy two thirds of the penis after 8 months of evolution, accompanied by pruritus.

Physical examination showed moist and normal skin and mucous membranes; temperature 36°C; respiratory system showed normal vesicular murmur, no rales FR: 18 resp/min; cardiovascular system showed rhythmic heart sounds of good tone and intensity, no murmurs, good capillary refill BP: 110/60 mmHg HR:85beats/min; subcutaneous cellular tissue was not infiltrated; patient was oriented in time, space and person: 110/60 mmHg HR:85 lat/min; subcutaneous cellular tissue not infiltrated; patient oriented in time, space and person; responds to interrogation questions with clear and coherent language; no meningeal signs.

Soft, depressible abdomen that follows the respiratory movements and coughing blows, not painful to superficial and deep palpation.

In the inguinal region there is an increase in bilateral volume, hard, adherent to deep planes with apparent ulcerated lesions (see figure No.1).

In the penis there is a T-shaped lesion that occupies two thirds of the penis with exophytic growth (see figure 2).



Figure 1: Photo of the inguinal region and part of the lesion.



Figure 2: Photo of the injury.

COMPLEMENTARY EXAMINATIONS

Laboratory studies: hemogram and hemochemistry within normal parameters.

Imaging tests: Ultrasound with lymph node scan revealed inguinal lymph node chains with presence of metastatic lymphadenopathy in close contact with iliac and saphenous vein. Chest CT scan for metastasis was negative. CT of the abdomen and pelvis revealed in both inguinal ganglion chains the presence of metastatic lymphadenopathy in close contact with the iliac and saphenous veins.

Biopsy: moderately differentiated keratinizing epidermoid carcinoma with lymphovascular invasion and into corpora cavernosa.

Treatment: Partial phallectomy was performed to improve the patient's quality of life, lymphadenectomy was not possible because the iliac and saphenous veins were involved. In addition, oncological treatment by means of chemotherapy and radiotherapy was indicated, however, the patient refused to receive it. Therefore, it will not be possible to determine whether the lymphadenopathies would improve with this treatment.

DISCUSSION

From the epidemiological point of view, PC is an infrequent disease, with a peak incidence between 50 and 70 years of age, representing 2-5 % of male urogenital tumors. ^(2, 3) Which is interesting, because in the case presented above the patient is only in the second decade of life.

According to Casado Méndez et al. ⁽²⁾ and Diz Rodríguez et al. ⁽⁴⁾ the etiology is unclear, there are associated conditions that have been implicated as causal factors, including lack of circumcision, chronic inflammation, smoking, low socioeconomic status, promiscuity, early initiation of sexual relations and exposure to human papillomavirus (HPV).

This type of cancer only accounts for 1 % of all tumors affecting men in Spain, with less than 300 cases detected each year. A figure which, however, increases exponentially in underdeveloped countries in Africa, Latin America and Asia, where its incidence can reach up to 40 % of all tumors diagnosed in men. ⁽⁵⁾

It is common to observe a small nodular, warty, fungal or ulcerative lesion located at the level of the glans or foreskin, sometimes accompanied by bleeding and fetid seropurulent discharge associated with a bacterial infection. It is generally painless, so many patients do not seek consultation and do so late when they present pain and impediment to urination. ⁽³⁾

It has been detected that patients take approximately 1 year between the appearance of the lesion and the pathologic diagnosis, probably associated with a lack of information about this pathology. The time elapsed from the onset of the patient's symptoms to specialized care is a worrying factor due to the negative impact on the patient's health. In fact, it is a pathology that produces disorders in the psychic, sexual and physical spheres, hence its complexity when treating these patients. ^(6, 7)

When malignancy is suspected, abdominal and thoracic imaging is routinely requested to evaluate metastatic disease and stratification. ⁽⁸⁾

Treatment of penile cancer depends on the stage of presentation, tumor location and stage, lymph node and metastasis, therefore, it is essential that imaging such as abdomino-pelvic CT scans, magnetic resonance imaging and other diagnostic parameters are used to accurately classify and manage penile cancers. ⁽⁸⁾

Squamous cell carcinomas constitute 95 % of all malignant penile tumors, and approximately half of these originate in the keratinized epithelium of the glans penis or foreskin. There are several subtypes of penile squamous cell carcinomas, including warty, basaloid, wart-like, and clear cell carcinomas. ⁽⁸⁾

When partial penectomy is performed, a trans-operative biopsy is essential to verify negative resection margins by microscopy. Chemotherapy is used when positive pelvic nodes are present. The decision to treat squamous cell carcinoma of the penis requires a multidisciplinary approach. ⁽⁸⁾

The prognosis for PC can be distressing when recently diagnosed, with a five-year survival rate of 50 %. When pelvic lymph nodes are involved, the five-year survival rate can be as low as 0 %. ⁽²⁾

CONCLUSIONS

Penile cancer is a rare but serious disease affecting men. Prevention includes proper hygiene practices, HPV vaccination, and avoiding risk factors such as tobacco use. Early diagnosis is crucial for effective treatment and to prevent the rapid progression of the disease. Education about this condition is essential to promote early detection and improve patient outcomes.

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STATEMENT OF AUTHORSHIP

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CONFLICT OF INTERESTS

The authors have no conflicts of interest to declare.

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