



Case Report

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***Corresponding author:**
Dr. Mbuya Musapudi Eric
 Urology and Andrology
 Department, Hubert Koutoukou
 Maga National Teaching
 Hospital, Cotonou, Benin
 Email: musapudi@gmail.com

Squamous cell carcinoma of the penis: Case presentation

Foudjo Tchoffo Jovial¹, Dodji Magloire Inès Yevi¹, Mbuya Musapudi Eric¹, Avakoudjo Dejinnin Georges Josué¹

¹ Urology and Andrology Department, Hubert Koutoukou Maga National Teaching Hospital, Cotonou, Benin

Abstract

Penile cancer is a rare condition. It affects less than 1% of the male population. HPV (Human Papilloma Virus) is greatly implicated in the disease. Diagnosis may be delayed by patient or clinician factors. We report a case of penile cancer in a 60-year-old patient discovered at an advanced stage. The follow-up of patients with metastatic cancer is complicated due to the advanced stage and the lack of financial means.

Keywords: Penile cancer, Metastasis, Human Papilloma Virus.

INTRODUCTION

Penile cancer is a rare condition. It affects less than 1% of the male population [1]. The most common histological type is squamous cell carcinoma. Pathogenesis has progressed over time, and HPV (Human Papilloma Virus) has been incriminated. Diagnosis may be delayed by patient or clinician factors. In Africa, because of the delay in diagnosis, these tumors pose management problems, including the acceptability of penis amputation. We report a case observed in the urology department of the CNHU Cotonou, Benin.

CASE REPORT

A 60-year-old patient presented at the CNHU urological clinic in Benin with an ulcerative mass at the root of the penis (Figure 2), which appeared six months after a pruritic papule that was gaining volume and then ulcerated (Figure 1). He is married with three children and has no medical and surgical history. On physical examination, the patient had a good general state, though there was with a firm, whitish and reddish ulcerative mass, located at the root and the proximal third of the penis with an extension to the pubis (Figure 2). There was also an induration of the corpora cavernosa and two mobile left inguinal lymph nodes. A biopsy of the lesion was done and the anatomopathology result showed an infiltrated squamous cell carcinoma with little differentiation. The extension assessment made of a thoraco-abdomino-pelvic computed tomography had shown two left inguinal lymphadenopathy. The patient was classified T3N2M0 Grade 3. After multidisciplinary consultation meeting neoadjuvant chemotherapy made of 5 fluorouracil and cisplatin followed by inguinal lymphadenectomy, total amputation of the penis and perineal urethrostomy was indicated, treatment to which the patient did not respond favorably, and decided to leave the hospital against medical advice.

DISCUSSION

Cancer of the penis is a rare tumor. In Africa, very few cases have been published. In Kenya, 31 cases have been reported in 20 years by Magoha and Kaale [2]. In another study they found a frequency of 0.1% of all male cancers [3]. In Senegal, it represents 0.97% of adult male cancers and 0.35% of all cancers [4]. In a large American series of 1,605 cases of penis cancer, 9.9% of patients are African-American [5]. It is a cancer of older men, which most often occurs in people over 50 years of age [4,6]. Diagnosis is often made at an advanced stage of the disease in Africans who consult late, this in relation to modesty, taboos and religious beliefs. Several etiological factors are implicated in the occurrence of cancer of the penis [7]: the role of circumcision has been mentioned in view of the contrast between the low prevalence of cancer of the penis in the populations who practice it and in those who do not practice it [2]. Wan et al. [9] reported 17 cases of penile cancer in patients circumcised late, confirming the hypothesis that circumcision has a protective role when done early.



Figure 1: Initial phase of the tumoral process



Figure 2: Ulcer-forming mass at the root of the penis invading the pubis and the root of the scrotum

Phimosis promotes smegma retention in the pre-chip, source of balanoposthitis. It hinders cleanliness and causes repeated preputial irritation during coitus, which can generate dysplasia and make the bed of cancer. Solis [10] reported 58% of phimosis cases in its series. A man with a flexible foreskin, allowing easy removal of the glans and correct genital hygiene, is as preserved as a circumcised man [4]. This last hypothesis may explain the low number of cases in Europe, where circumcision is not systematic. The role of precancerous lesions is involved in scleroatrophic lichen and venereal condylomas [9].

The involvement of the papillomavirus is mentioned in the literature [10,11]. Type 16 (HPV16) is predominant and often found in malignant genital tumors in both men and women. In our country, the diagnostic methods of human papillomavirus are not commonly practiced; reason why our patient could not benefit from the research of this etiological factor.

The aim of the treatment of penis cancer is to reconcile two seemingly contradictory imperatives: the destruction or removal of the tumor with a sufficient margin of safety and cosmetic and functional preservation. This can be done either surgically (partial or total amputation of the penis), or using other methods (laser, radiotherapy or brachytherapy) [12]. Surgical treatment is mutilating and poorly accepted by populations for psychological reasons. Our patient refused surgery and could not afford chemotherapy. Brachytherapy can certainly be an alternative to these cases of refusal, when the histological diagnosis is established. However, it applies to tumors less than 8 cm and less than T2 stage. It is contraindicated in tumors of the base of the penis [12].

The prognosis of penis cancer is variable depending on the stage. Five-year survival is 80% for tumors T1 (tumor invading sub-epithelial connective tissue) to T3 (tumor invading the urethra and prostate) without lymph node involvement. 50% five-year survival in lymph node involvement, and in metastasis this survival is less than 30% [13–15]. Tumors T4 (tumor invading other adjacent structures) and/or N+

(presence of metastases in the inguinal nodes) have a pejorative prognosis, with early death of patients [16].

CONCLUSION

Penis tumors are rare. Among several causative factors, the two main ones are human papillomavirus infection and smegma in uncircumcised humans. In Africa, they pose mainly therapeutic problems, due to the delay in diagnosing these conditions. The unavailability of tools for the diagnosis of human papillomavirus is also responsible for the late identification of precancerous lesions.

Conflict of Interest

The authors declare no conflicts of interest.

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ORCID ID

Foudjo Tchhoffo Jovial: <https://orcid.org/0009-0008-8903-8668>

Mbuya Musaudi Eric: <https://orcid.org/0009-0001-7591-2149>

Dodji Magloire Inès Yevi: <https://orcid.org/0000-0002-2504-5403>

Avakoudjo Dejinnin Georges Josué: <https://orcid.org/0000-0001-6987-6578>

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