CASE REPORT PROF-1556

PENILE CANCER;
SKIN METASTASIS

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ABSTRACT... Carcinoma of the penis has a well documented metastatic pattern, regional lymph nodes being the predominant site of involvement. Distant metastasis is extremely rare, with a reported incidence of 1-10%. Skin metastasis is even rarer and three cases of metastasis to the skin have been reported previously worldwide. We present a case of carcinoma of the penis metastasizing to the skin of trunk.

INTRODUCTION

The pattern of metastatic spread from carcinoma of the penis has been well described in the literature, inguinal and iliac nodes being the commonest sites. Distant metastases are uncommon and late even in advanced loco-regional disease[1]. Although metastases to the liver and lungs have been reported, cutaneous metastases are rare. We present a case of carcinoma of the penis metastasizing to the skin, and a review of literature of the metastatic pattern of this tumor.

CASE REPORT

A 55 year old male presented in the oncology department with history of ulcerative growth of the penis since 2 months and dysuria. Clinical examination revealed an ulcerated growth involving the entire glans penis and extending to the distal portion of the shaft (Figure1). No palpable inguinal lymph nodes observed. Histopathological evaluation showed moderately differentiated squamous cell carcinoma. Due to large fungating growth initially he received four cycles of cisplatinum and 5 Fluorouracil. No response was achieved. Patient refused for total penicectomy and he was referred to radiation oncology department for concurrent chemoradiation.Total dose was planned 6000 cGy concomitant with cisplatinum weekly as radiosensitizer. Patient lost to follow up after receiving 4000cGy. After two months he presented with multiple skin abscesses painful in nature with no obvious discharge. He was febrile. On examination 2×2 cm multiple erythematous swellings, tender to touch noticed on chest and abdomen (figure2), rest of systematic examination was unremarkable except previously documented fungating penile lesion.

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Routine laboratory blood tests revealed leucocytosis because of possible septicemia. Tissue was sent for histopathology which showed metastatic squamous cell carcinoma arising from penile cancer (Figure3).

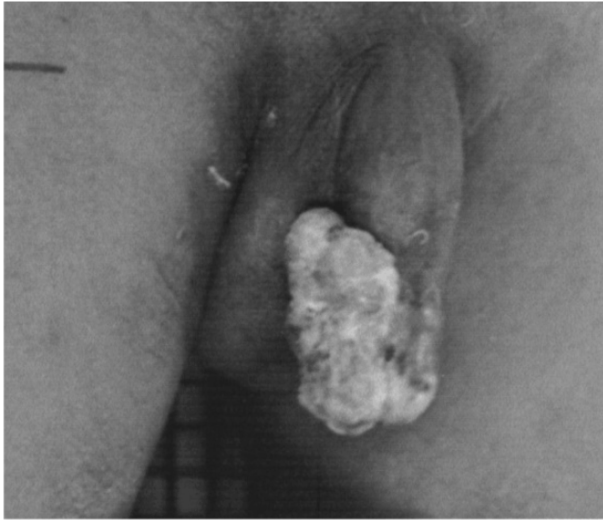

Fig-I. Fungating growth involving glans penis / shaft of penis

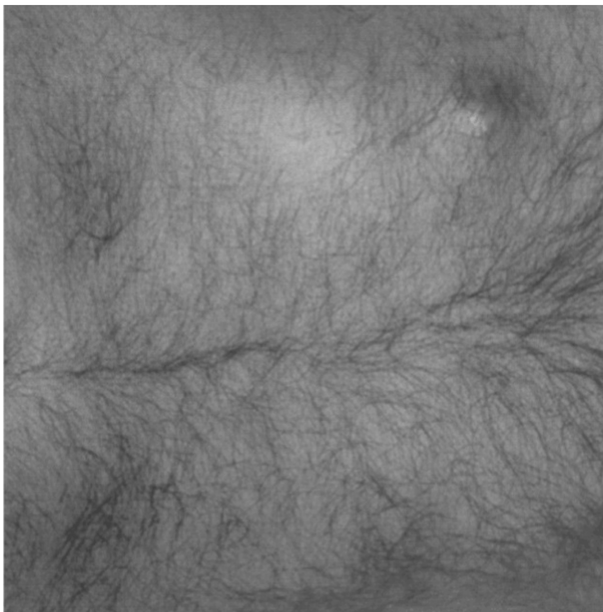

Fig-2. Skin abscess right chest wall (Skin metastasis)

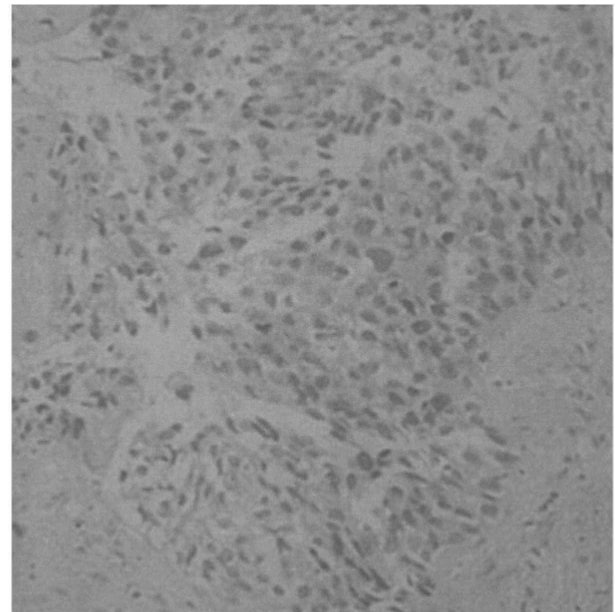

Fig-3. Histopathology (H & E Staining) Squamous cell carcinoma of skin biopsy

He was kept on antibiotics and best supportive care as functional status was poor. Patient died after three weeks after presenting with skin metastasis.

DISCUSSION

Penile cancer is uncommon worldwide, even rarest in circumcised males particularly if circumcised in childhood[2]. Distant metastases are well documented in regional lymph nodes, bones, liver and lungs. Skin metastasis is rarest presentation with only few cases reports mentioned in literature[3,4]. Surgery is the treatment of choice for penile cancer, but in this patient neoadjuvant chemotherapy was offered because of huge growth not amenable for the penicectomy. Skin metastases are associated with poor prognosis[5] as this patient had very rapid onset and short survival following development of skin metastasis. The pathogenesis of skin metastasis is unclear, but there can be three pathways:

a. Interconnecting dermal lymphatics
b Accidental surgical implantation and
c A koebner like reaction at site of prior herpes zoster infection.

The clinicians must not neglect the skin examination, as skin lesions may be alarming for internal malignancies.

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