



Case Report

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Carcinoma Penis with unusual site of Metastasis at Tip of Nose



Dinesh Gupta¹, Vijay sharma^{2*}, Sanjeev Patni³ and Richa Sharma⁴

¹Department of Oncosurgery, Manipal Hospital, India

²Department of Gastroenterology, Manipal Hospital, India

³Department of oncosurgery, BMCHRC, India

⁴Department of Public health, Regional institute of health, medicine, research, India

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*Corresponding author: Vijay Sharma, Department of Gastroenterology, Manipal Hospital, Jaipur, India, Tel: 91992 8015254; Email: vijaysadashiv@gmail.com

Abstract

Carcinoma penis remains a major health problem of developing nations. Distant metastases from ca penis occur frequently in lungs, bone, liver etc. Subcutaneous metastases have been noted in nearby skin such as groin, perineum. No case has been reported till date of distant subcutaneous metastases to best of our knowledge. We report here a case of 60 year old male who developed subcutaneous metastases over nose along with local recurrence, more than 3 months after total penectomy and bilateral ilio-inguinal block dissection.

Keywords: Carcinoma penis; Distant subcutaneous metastases

Introduction

Carcinoma of the penis is an uncommon malignancy in Western countries, representing 0.4% of male malignancies. However, it is a major health problem in many countries in Asia, Africa, and South America, comprising up to 10% of all malignancies [1]. The most common distant metastatic sites are the lung, bone, and liver. Treatment of penile carcinoma depends on the local extent of the primary neoplasm and the status of the regional lymph nodes. Local recurrence after a

properly planned and executed partial or total penectomy is rare. However local recurrences may occur at remaining shaft of penis or at neomeatus or in subcutaneous nodules in nearby skin of groin after groin node dissection. However recurrences in subcutaneous nodules at distant sites have not been seen in literature. We present here a case of ca penis, treated with total penectomy and bilateral ilio-inguinal block dissection with subcutaneous recurrence in groin and a subcutaneous metastatic nodule at tip of nose.

Case Report



Figure 1: Patient is a 60 year old male, a known case of carcinoma penis, figure showing metastasis at tip of nose.

60 years old, non-smoker male with no co-morbid conditions presented with history of small ulcer over penis for 3-4 months, gradually increasing in size for which he underwent circumcision. Biopsy from growth was suggestive of well differentiated squamous cell carcinoma. On examination, he had an ulceroproliferative growth involving glands and half of the shaft with bilateral inguinal nodes. He underwent total penectomy with bilateral ilio-inguinal block dissection. Histopathology was suggestive of moderately differentiated squamous cell carcinoma with tumor size of 5x3.5x5cm, infiltrating inner half of wall, cut margins (urethra and soft tissue) negative. One out of five right superficial lymph nodes, two out of three left superficial inguinal lymph nodes and none of the deep pelvic nodes were positive for metastases. He was advised adjuvant treatment (radiotherapy) but defaulted for 3 months. Then he presented with multiple small nodules in left groin region suggestive of recurrence. Palliative radiotherapy was started to inguinal region. During radiotherapy a subcutaneous nodule developed over tip of nose. Biopsy from the nodule was positive for metastatic squamous cell carcinoma. Patient completed palliative RT to groin and meatal region (Figure 1).

Discussion

Most carcinomas of penis start within the preputial area, arising in the glans, coronal sulcus or the prepuce itself. Inguinal lymph nodes are the most common site of metastatic spread. Pathologic evidence of nodal metastases is reported in about 35% of all patients and in approximately 50% of those with palpable lymph nodes. Distant metastases are uncommon (about 10%). Cases of subcutaneous metastasis to nearby skin from carcinoma penis have been mentioned in literature [2,3]. Usually occur in patients with inguinal lymph-node involvement. Common sources of cutaneous metastases reported in literature include [4-7].

- a. Woman - breast (69%), colon (9%), melanoma (5%), ovaries (4%), and lungs (4%).

- b. Men - lungs (24%), colon (19%), melanoma (13%), and oral cavity (12%).

Cases of cutaneous metastasis to penis have also been mentioned in literature from various organs like urothelial carcinomas, colorectal adenocarcinomas, pulmonary carcinomas, squamous cell carcinoma of base tongue, cutaneous malignant melanoma and acute myeloid leukemia [5]. A case of metastasis to the penis from caecum carcinoma has been reported by Ozawa H et al. [6]. A case of penile metastasis from esophageal squamous carcinoma was reported by Pai A et al. [7]. However case of distant cutaneous metastasis from penis has not been mentioned in literature to the best of our knowledge. This patient developed local recurrence in form of subcutaneous groin nodule and a distant metastatic subcutaneous nodule at tip of nose. This case is presented because of unusual and rare presentation in form of distant subcutaneous metastatic nodule at tip of nose from a case of carcinoma penis.

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