

# A Rare Case of Penile Cancer with Multiple Lesions and Urethral Fistula in the Absence of Lymphadenopathy

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**Abstract:** *This is an atypical case of carcinoma penis in a 66 - year - old male; the uncommon features of the case include, the presence of two separate cancerous lesions, both arising from the shaft (rather than the much commoner origin from glans and/or prepuce), involvement of the urethra with fistula formation and clinical absence of lymphadenopathy in spite of a relatively long history (2 years).*

**Keywords:** Penile Carcinoma - Double Lesion

## 1. Introduction

Although penile carcinoma is a rare malignancy, especially in developed countries, its rate in India is a not insignificant 3.32 per 100000 males<sup>1</sup>. It can affect men of any age group, but is more frequently diagnosed in the sixth and seventh decade. Multiple risk factors<sup>2</sup> are associated with penile cancer, such as smoking, obesity, lack of circumcision, phimosis, poor hygiene and lichen sclerosis. The strongest risk factor however is HPV infection, HPV 6, 16, and 18 being the common contributing strains<sup>3</sup>.

Penile cancers usually begin as small painless lesions, nodules, lumps or ulcers typically over the glans penis or prepuce<sup>4</sup>. These lesions may vary greatly in appearance, but generally grow slowly, and eventually cover the entire glans or prepuce. Patients generally do not present with erectile dysfunction or voiding difficulties in the early phase<sup>5</sup>. 30% to 60% of the cases generally present with inguinal lymphadenopathy<sup>6</sup> at the initial phase of diagnosis but distant metastasis is unlikely till very late in the disease.

## 2. Case History

This is a case of a 66yr old Hindu male with no known comorbidities who presented to the hospital with two separate ulcero - proliferative lesions on the shaft of penis, one seen ventrally and the other dorsally (Fig 1 and Fig 2) developing over a period of 2 years. He also later developed a urethro - cutaneous fistula through the ventral lesion. He had no clinically significant lymphadenopathy.



**Figure 1:** Penile carcinoma lesion over dorsum of penis



**Figure 2:** Penile carcinoma lesion over ventral aspect of penis

Biopsies were taken from both the lesions separately and on histopathological examination they were both found to be moderately differentiated squamous cell carcinomas.

Routine urine examination showed growth of *Mycobacterium Cheiloni*, which is a commensal<sup>7</sup>.

### 3. Discussion

Penile carcinoma is typically a single squamous cell carcinoma arising from the glans or prepuce of the penis in almost 82% of the cases<sup>8</sup>; our patient on the other hand presented with the rare occurrence of two separate lesions, located over the dorsal and ventral surfaces of shaft skin respectively, which were both found to be squamous cell carcinoma on histopathological examination.

The lesion may look flat and infiltrating, or, warty and protuberant, in appearance. Most patients present late, with a fungating or ulcerative lesion. About 30 - 60% patients have inguinal lymph node enlargement clinically at the time of presentation<sup>6</sup>. However in our case the patient despite having these lesions over a long span of 2 years did not have any clinically palpable lymph nodes.

Urethral involvement is usually a late presentation of the disease<sup>5</sup>. In this case our patient had already developed urethral fistula which are usually seen in T3 stage of the tumour, occurring later, and yet without having overt lymph node involvements.

Unfortunately, the patient chose not to undergo treatment for fear of surgery, and hence response to treatment or subsequent fate of the disease could not be ascertained.

### 4. Conclusion

Although in our case the patient did not receive any treatment, we present this case due to the following features:

- 1) Though rare, penile carcinoma may present with multiple ulcerative lesions
- 2) The lesions may affect the shaft rather than the glans and prepuce.
- 3) Inguinal lymphadenopathy may not be seen even in later stages of the disease.
- 4) Urethral complications, though rare may occur

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