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Case Report

Squamous Cell Carcinoma of the Penis about a Case to the Hospital Military Training Rabat Mohamed V

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Summary

We report a case of penis cancer at the military hospital in rabat in a 58-year-old patient with no particular history. The symptoms were marked by the appearance of an isolated chancre on the ventral surface of the penis, initially not painful but itchy and then painful when touched. The diagnosis of squamous cell carcinoma was confirmed after biopsy.

The treatment, after multidisciplinary discussion, consisted of a total penectomy with preparation of a perineostomy followed, remotely, by the placement of a penile prosthesis.Early treatment is essential for a better prognosis, both oncological and functional. Prevention considerably reduces the incidence.

Keywords: Cancer; Verge; Chancer; Carcinoma; Epidermoid; Biopsy;Penectomy;Perineostomy; Early; Prevention

Introduction

The cancers of the penis are rare tumours, of the order of 0, 5 % of cancers in man [l, 2]. The most frequent histological type is the carcinoma epidermoid [2, 3]. The infections, in particular to HPV, are recognized as being risk factors for the younger subjects [4]. The protective role of the neonatal circumcision is demonstrated, probably by the improvement of the local hygiene and the deletion of the hurts of maceration [5]. The surgery of exercise, the radiotherapy, the radium therapy or the chemotherapy, establishes the various therapeutics, with carcinological results different [3, 6, 7]. The stage TNM, the histological type, the tumoral rank, the vascular and lymphatic invasion conditions the forecast. Which is pejorative, because it is of the order of 80 % in 5 years for the patients without ganglionic lesion and about 50 % if ganglions are invaded [3, 8, 9]? The objective of this work was to report our experience in the coverage chronological of these tumours within our society.

Observation

Mr A.M. 58ans, retired and profitable serviceman of the mutual insurance company of the armies, living in Rabat, presenting no medical history, more exactly Dermato, or particular surgical.

The patient consulted for a canker at the level of the ventral side of the penile (Figure 1), evolving since 1 year, at first pruriginous then painful in time, without a notion of fever.

In the admission, the patient had a good general state, a clear consciousness, a febricula in 38 °. Outside the penile lesion, the physical examination was marked by small bilateral inguinal ganglions and not painful. The rest of the somatic examination was without particularity.

The biological assessment was marked by an inflammatory syndrome with one C-reactive protein (CRP) raised to 232, one ESR (erythrocyte sedimentation rate) in 2fois the normal, leukocytes in 14000, thrombocytosis and an anaemia hypochrome-plates microcytaireregenerative.

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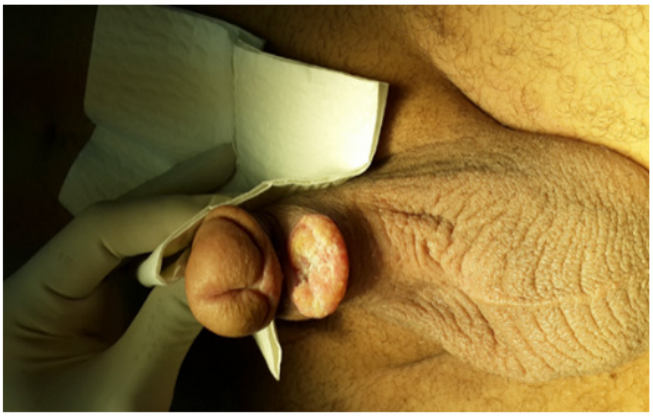

Figure 1. Aspect of the lesion before the biopsy

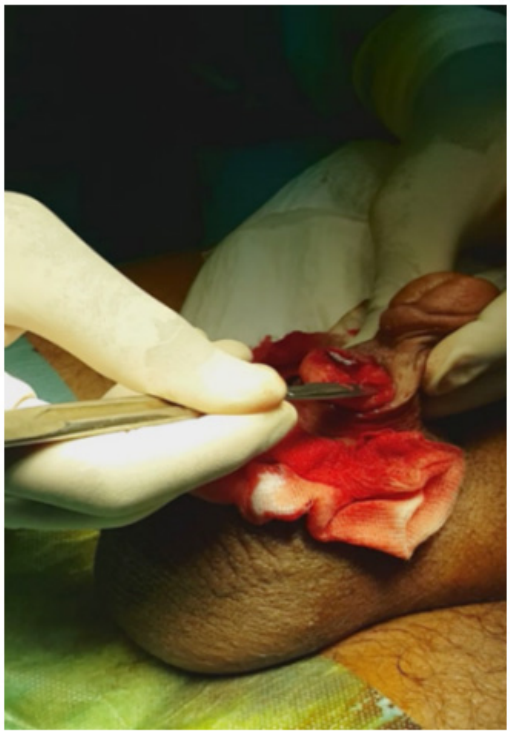

Figure 2. Biopsy of the canker after penial block

During all the hospitalization, TA was regularly coded in 130 / 80mm Hg, the pulse in 82bpm, the FR in 30cpm and the constant temperature to 37.5.

We realized a deep biopsy (Figure 2) of the penile lesion, in the operating block under local anesthetic, which returned to us in favour of a tumoral proliferation to epidermoid differentiation (Figure 3,4) associated with signs of viral infestation to HPV. The urinary cytology, realized immediately, was pauci cellular, hematic and inflammatory, rich neutrophils with absence of suspect cells of wickedness.

A pelvic MRI confirmed the presence of the lesionaltumoral process interesting the ventral side of the penile and invading the corpus and hollow spungiosum(Figure 5) and also showing the presence of bilateral inguinal ganglions infracentimetriques without extension in the organs of neighbourhood(Figure 6).

In front of the concordance of the radiological and histological results and after check of an assessment operating meadow without peculiarity the examination of which cytobactériologique urines and the consultation in psychiatry, the patient benefited from a surgery of exérèse total of the penis , with implementation of a périnéostomie of urinary drainage.

Under general anaesthesia, the patient is put in the position of dorsal decubitus. The cutaneous transverse section is made in 1cm upstream to the lesion, after preservation of a vascular dorsal cutaneous scrap with elective haemostasis of the dorsal pedicule of the penis. The specimen (Figure7) sent to the histological extemporanée student, the urethra was spatulate by a line of re-splits.

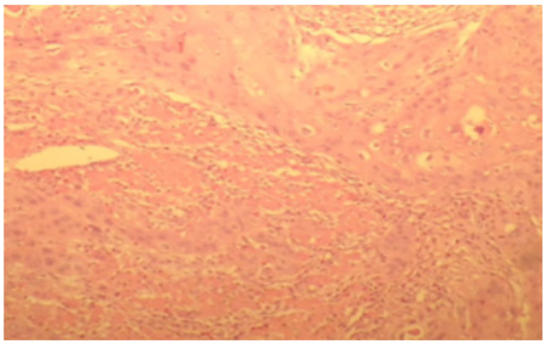

Figure 3. Tumoral proliferation with differentiation epidermoide (low magnification)

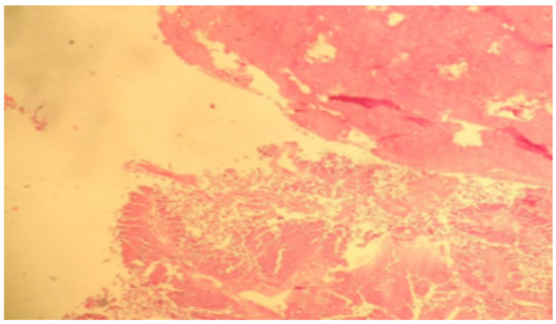

Figure 4. Epidermoide differentiation (average magnification)

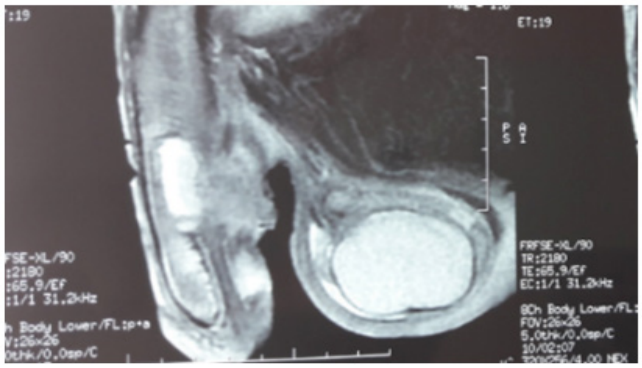

Figure 5. MRI shows a lesional tumoral process of look interesting the lap, face of the yard and invading the corpus and hollow spungiosum

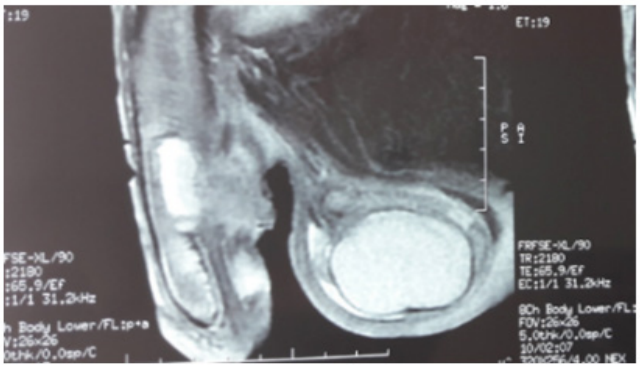

Figure 6. MRI shows the presence of bilateral inguinal ganglions infracentimetric and the absence of extension in the organs of the neighborhood

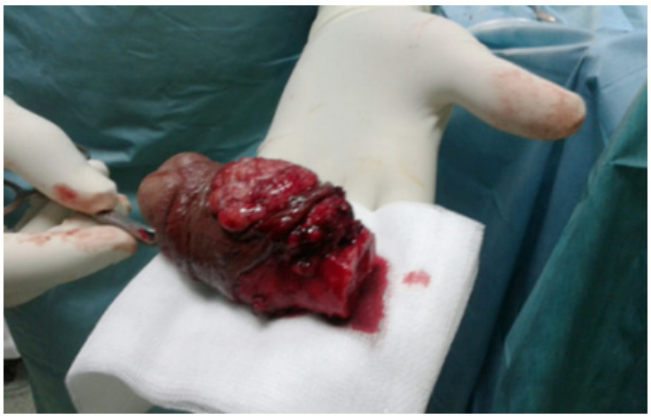

Figure 7. Operative specimen

After the implementation of the urinary probe, we realized a bilateral and set up superficial and deep inguinal ganglionic cleaning out, to finish, drainage 2 quoted by Redon.

It was planned, remote of the cure of exérèse, the implementation of prosthesis.

Discussion

In the literature, the question returns us generally to small series. Jean-Nicolas Cornu and Coll. had 07 patients with a mean age of 58.8 years [10]. In the Moroccan study of In. Nouri and Coll., the mean age bordered 60.5 years, for a sample of 06 patients [5].

His age of discovery of our patient is in accordance with the average age described in the literature where the maximal incidence rises after 50 years [1, 2, 11]. The siege of the hurt is most of the time distal in the literature, affecting prechip and the glans, [1, 9, 12] in opposition to our location more proximal.

Favorisants factors, such the disease of Bowen and the infection to HPV, are regularly quoted in the literature [13] and should be a datum important to look for systematically in the interrogation [4, 14].

The disease of Bowen arises in the same age bracket. It corresponds to a carcinoma épidermoïde in situ, risking to evolve towards a carcinoma épidermoïde invasive in the absence of treatment [15].

So, a very acute and insistent interest towards a white plate leucoplasic or red erythroplasic would contribute to an effective prevention within the general population and would so decrease the incidence of cancers péniens[2, 4, 14].

In the study of A. Nouri, a single case of HPV was revealed after biopsy. After etiological investigation, the therapeutic model according to the recommendations in the course of the Committee of Cancer research of the French Association of Urology (CCAFU) is the most followed in the literature. It is made in adequacy with the clinical presentation. So, an evaluation of the ganglionic status and the possible extension in the organs of the neighbourhood or remote is a prerequisite.

The ganglionic coverage must be systematic and bilateral. Its execution is a security of better results on the survival in case of adapting initial coverage, rather than to wait for a local evolution. Any isolated adénectomy must be banned. The only inguinal lymphadénectomy has a role guardian at the patients having a metastatic achievement of an only ganglion. In case of more vast ganglionic extension, a multimodal coverage associating chemotherapy, surgery and possibly radiotherapy must be discussed [16].

Noting that the CCAFU does not recommend fixed radiological examination as standard between the echoes, the pelvic abdomino scanner and the MRI, we chose of the MRI for our patient, saw his best sensibility to identify the extension with the urethra and in cavernous body. Horned and Coll. used a pelvic abdomino scanner to define the ganglionic status of 07 patients. At A. Nouri and Coll., the ultrasound was considered sufficient, in view of the optimal clinical examination

realized for stages T1. Our patient was classified T2N2M0: we thus realized, in adequacy with the clinical presentation, a complete surgical treatment (pénectomie + périnéostomie) with superficial and deep inguinal bilateral ganglionic cleaning out. In the study of Horned and Coll., the patients presenting localized hurts received a surgical treatment, worth knowing circumcision for the hurts Tl limited in profile, partial pénectomie for the tumours Tl which exceed it or in case of T2 [l, 7, 11, 17].

1 of the presenting patients a well confined lesion benefited from an interstitial radium therapy after first circumcision, with a result early satisfactory carcinologiqueespecially as he was able to preserve the use of his penis (micturition and erection). 1 only ganglionic cleaning out was realized.

Certain authors encourage the realization systematized of the ganglionic cleaning out, considered curative in view of their respective experiences [1, 3, 18].

The death arose at 02 patients from Horned whose coverage had been realized as a matter of urgency, in a context of sepsis severe, surgical margins having been left (positive).

The recommendations of the CCAFU take into account only the cases of settled surgery [l, 6, 8, 11]. There is no consensus for the therapeutic situations of rescue.

Nouri and Coll. estimated, in their study, the technique of the ganglion sentinel who has proved more effective in the patients cN0 compared with CN +.

Our patient will have to benefit in the coming months from a pénienne prosthesis, a stage which we considered important for a global better result, in dialogue with the psychiatric department. Indeed, the shutter psychiatry was a cornerstone of our coverage. So, was established a monthly consultation in psychiatry, the first three months after the gesture then, every 03mois.

Concerning the modalities and the frequencies of surveillance for the surgeons, there is, this day, no recommendation. So, a quarterly consultation with an optimal clinical examination of the ganglionic areas and a chest abdominal pelvic scan every 6mois first year establish our plan of surveillance.

The contribution of the fart scan could be interesting in the follow-up and the detection of local second offences or remote, in particular in case of doubt in the scanner and in front of a positive ganglionic cleaning out [19].

Therapeutics of future such the laser could encourage the conservative treatment. But in front of the rate of importing premature second recurrences, a current limitation in tumours PT1 turns out more responsible.

Conclusion

The heterogeneous presentations of penile cancers and their rarity explain essentially the absence of systematized coverage.

A multidisciplinary dialogue the psychiatry of which would cause of global better results, the definition of the health, according to the WHO making us integrate necessarily the notion of the good to be mental.

The prevention in front of the risk factors predisposing within the general population, realized by cowpoxes against the cancer of the collar at the young woman, the use of condoms, the neonatal circumcision, was allowed certainly has a considerable decrease in the incidence of penile cancers.

Conflicts of Interests

There is no conflict of interests in touch with the publication of this clinical case.

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