

CUTANEOUS METASTASIS FROM CARCINOMA OF THE PENIS

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A 33-year-old male developed metastatic skin nodules from carcinoma of the penis; the skin nodules were in the inguinal region and lower abdomen.

Key words: Metastasis, Squamous cell carcinoma.

Cutaneous metastasis from carcinoma of the penis represents one of the rarer causes of a skin metastasis. While it usually follows a manifest primary malignancy, it may rarely be a presenting sign. The case is reported for its clinical interest as a specific skin sign of a genito-urinary malignancy.

Case Report

Thirty-three-year-old Anglo-Indian male sought medical opinion for a three-month old urethral discharge and penile swelling since January 1985. Clinical examination showed the prepuce to be adherent to an enlarged glans penis. There was a soft, friable, tender growth, about 5 cm in diameter ulcerating through the dorsal penile skin. It was fungating with a purulent subpreputial discharge. Bilateral discrete enlarged inguinal nodes were present. Penile biopsy showed a well differentiated squamous cell carcinoma.

The skin of the right inguinal region and lower abdominal wall showed five small discrete nodules, 0.5 to 1 cm in diameter. The nodules were in the skin and not adherent to the deep fascia. Histopathology of the skin

nodules showed a well differentiated squamous cell carcinoma situated in the dermis. Sexually transmitted diseases were ruled out.

Palliative irradiation of 4000 rads in 20 sittings was instituted with poor improvement. The infection and discharge were partly controlled with antibiotics. The patient was depressed and was lost to follow up after May 1985.

Comments

Cutaneous metastasis is rare with the skin being regarded as the eighteenth most frequent metastatic site for all tumour types.¹ In males, skin metastasis from a genito-urinary malignancy is rare. Of genito-urinary malignancies, carcinoma of the penis is an even rarer cause accounting for only 1 percent in Brownstein and Helwig's series,² passing unmentioned in the series of Connor et al³ and Enticknap.⁴ Only 1 of the 4 cases reported by Scott et al⁵ was from carcinoma of the penis. Carcinoma of the penis usually presents at an advanced stage of the disease as in our case. The cutaneous metastases are usually papules or nodules and the spread is by lymphatic and haematogenous routes. Differential diagnosis seldom arises as the primary malignancy is visible in the vicinity, unless the penis has been amputated. Histopathology usually differentiates a lymph nodal from a skin metastasis. The response of the skin metastasis to treatment is seldom

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good and is in general, related to that of the primary malignancy.

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