

Penile Verrucous Carcinoma: A New Case Report in a Circumcised Man

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Abstract

Penile verrucous carcinoma is an uncommon variant of squamous cell carcinoma with slow invasive growth that affects mostly uncircumcised men. We report here a case of a recurring penile verrucous carcinoma in a circumcised man.

Introduction

Verrucous carcinoma is a rare subtype of Squamous Cell Carcinoma (SCC). Penile verrucous carcinoma is an extremely rare disease that, at present, has not been well characterized in literature. It is almost exclusively a lesion of uncircumcised older men. In this paper, we report a case of penile verrucous carcinoma, in a circumcised man, recurring thirteen years after surgical treatment.

Case Study

A fifty-five years old man who had been circumcised in infancy (at the age of three), presented to our department with a painful enlarging penile mass that bled easily. Thirty years previously, the patient had a partial penectomy for a penile squamous cell carcinoma. Physical examination revealed a 7 cm penile warty exophytic tumor, cauliflower-like with a papillary surface (Figure 1,2). No regional lymphadenopathy was present when examining the patient. A diagnosis of recurrent penile squamous cell carcinoma or a giant condyloma acuminate were suspected. We conducted a tumor biopsy for which pathological analysis yielded a diagnosis of penile verrucous carcinoma. (Figure 3,4) Neither lymph node swelling nor distant metastasis could be detected by radiologic examination (abdominopelvic Computerized Tomography (CT) and chest X-ray). Then, a total penectomy was performed in the department of Surgical Urology of our University Hospital for radical excision of the lesion with pelviplasty.

Discussion

Verrucous carcinoma was first reported by Ackerman in 1948 who described an exophytic

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Figures 1: Exophytic penile tumor with warty papillary surface.



Figure 2: Exophytic penile tumor with warty papillary surface.

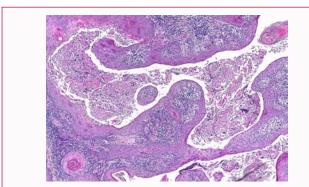


Figure 3: Verrucous tumoral proliferation. HES x50.

and endophytic tumor in the oral cavity. Since then, it has also been described at other sites including the genital area. Penile verrucous carcinoma represents three percent of penile cancers. It is an uncommon, exophytic, low grade and well differentiated variant of squamous cell carcinoma with slow invasive growth, and without any distant metastasis. The specific etiologic factors of penile verrucous carcinoma remain unclear [1]. Previous studies have indicated that penile carcinoma is not only associated with Human Papilloma Virus (HPV) infection, but it can also be correlated with other factors, including lack of circumcision, poor hygiene, phimosis, tight prepuce and chronic infection [2,3]. Literature data have shown that childhood or adolescent circumcision is protective against invasive penile cancer. This effect could be mediated partly through an effect on phimosis [4]. Penile verrucous carcinoma exhibits an important potential for recurrence, but the incidence rates vary between different

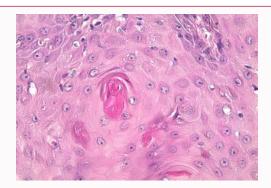


Figure 4: Cytonuclear atypia. HES x200.

studies. If the carcinoma recurs repeatedly, the patient may require an additional resection or even full penectomy, as it was performed in our case. The inguinal lymphadenectomy was discussed in literature, it was previously performed, and however, no evident lesions were found [3]. Thus, inguinal lymphadenectomy is not recommended as a prophylactic treatment from recurrences [3].

Conclusion

Penile verrucous carcinoma is rarely reported in literature. It is even rarer in circumcised men as circumcision during infancy is a protective factor. It is characterized by a low malignant potential, but it is associated to frequent recurrences after treatment.

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