Objective: To present the rare case of penile metastasis from bladder cancer.

Patient report: A 68-year-old man with invasive bladder cancer disseminated in penile shaft and the pelvic lymph nodes is presented. The patient underwent cystoprostatectomy, total penectomy and adjuvant chemotherapy.

Results: Ten months after surgery, patient is in complete remission.

Conclusion: Despite the fact that secondary penile tumors usually require palliative therapy, in selected cases surgical treatment of primary tumor and penectomy, followed with chemotherapy, can improve survival.

Key words: penile cancer, secondary penile cancer, metastases from bladder cancer

INTRODUCTION

Secondary tumors of the penis are uncommon, with only 370 reported cases to date. The primary tumor is located in the genitourinary tract in about 70% of patients. The most common symptoms are multiple penile indurations and swelling, sometimes associated with priapism.

The therapy is usually palliative, due to poor general condition of the patients with disseminated disease, or surgical, with the excision of the primary malignant process and the partial or total penectomy, which can sometimes result in prolonged survival.

However, the majority of the patients die within several months after the occurrence of penile metastasis, as a result of disseminated cancer disease.

CASE REPORT

The case of bladder cancer invading right ureteral orifice, disseminated in pelvic lymph nodes and the penile shaft is presented. A 68-year-old man, smoker, complained of gross hematuria. Routine diagnostic procedures proved a 3cm large invasive bladder cancer on the right bladder wall, infiltrating the right ureteral orifice, and the right ureterohydronephrosis with initial cortical atrophy. There were no signs of dissemination. Transurethral resection (TUR) revealed transitional cell carcinoma (TCC) grade 3 invading deep muscle layer. Two weeks after TUR, the patient complained on penile swelling and the pain. Examination revealed induration on the left side of the penile shaft, 2cm in diameter. (Fig 1.)

Penile biopsy proved TCC in penile shaft. The patient underwent cystoprostatectomy with bilateral ureterocutaneostomy and total penectomy. Pathological examination revealed TCC T3a G 3 in bladder specimen, bilateral microscopic foci of TCC in pelvic lymph nodes, and metastatic lesion of TCC in penile shaft. (Fig 2.)

Four cycles of adjuvant M-VAC chemotherapy were administered. Ten months after the surgery, patient is in complete remission.

DISCUSSION

Secondary tumors of the penis are uncommon, with only 370 reported cases to date. The majority of secondary penile tumors originate from pelvic genitourinary organs, most commonly from the prostate and urinary bladder, and less commonly from the kidney, testis, recto-sigmoid, and colon. Cherian and Rajan explained the possible routes for secondary penile tumors occurrence: retrograde venous or lymphatic route as a result...
of compromised circulation, arterial spread or direct tumor extension.

The main symptoms are induration and swelling of the penis, which have to be recognized and differentiated from other benign, malignant or infectious penile lesions. Occasionally, the main symptom could be priapism, due to compromised penile venous drainage. The occurrence of penile metastases can be early, months after treatment, or late, years after diagnosis of bladder cancer.

Secondary penile tumors are usually associated with disseminated disease and indicate a poor prognosis. Therefore, the treatment is significantly influenced by the general health of the patient. The treatment is usually palliative and consists of local tumor excision, radiation therapy, or partial or total penectomy. However, adjuvant chemotherapy prolongs survival in some patients.

In this case, the patient was in good general health and the cystoprostatectomy with bilateral ureterocutaneostomy and total penectomy was performed, and four courses of M-VAC chemotherapy administered. Ten months after the surgery, the patient is feeling good, with no signs of disease progression. The unusual details in this case were unrecognized penile swelling before TUR and the occurrence of sudden pain in the penile shaft.

SUMMARY

Cilj rada je da se prikaže redak slučaj metastatskog tumora penisa, poreklom od transziciocelularnog karcinoma (TCC) mokraće bešike.

Bolesnik star 68 godina, javio se zbog invazivnog karcinoma mokraće bešike, sa promenom na korpusu penisa. Preoperativna dijagnostika je ustanovila da se radi o tumoru mokraće bešike sa obostrano uvećanim karičnim limfnim žleđama i neuobičajenom, verovatno sekundarnom, neoplaznom penisa. Kod pacijenta je učinjena totalna cistoprostatektomija sa limfadenektomijom, supravezikalna derivacija urina (ileal kondjuit), kao i totalna amputacija penisa. Bolesnik je posle operacije primio adjuvantnu hemoterapiju po protokolu M-VAC.

Posle deset meseci od operacije, bolesnik je bio u kompletnoj remisiji.

Zaključak: Sekundarni tumori penisa zahtevaju palijativni tretman. Ovaj slučaj, medjutim, pokazuje da je u retkim slučajevima indikovana i totalna amputacija penisa, uz hirurški tretman primarnog tumora, u ovom slučaju karcinoma mokraće bešike.

Ključne reči: karcinom penisa, sekundarni karcinom penisa, metastatski karcinom mokraće bešike

BIBLIOGRAPHY


