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A penile mass

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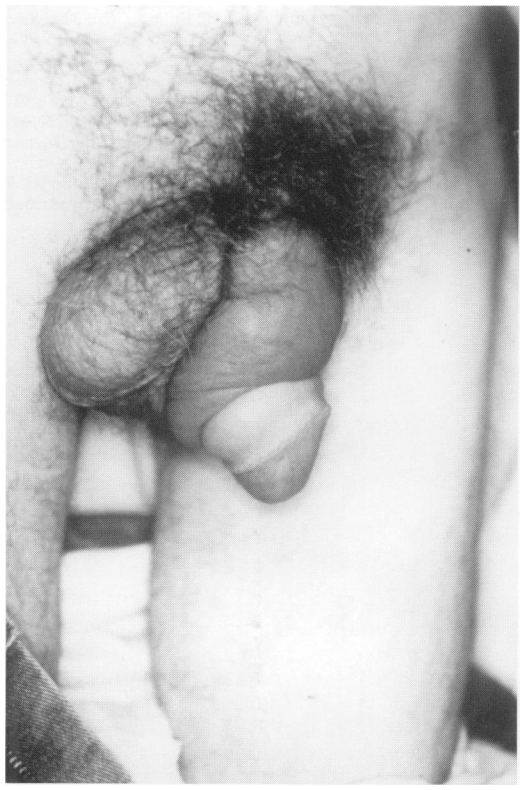
A 67-year-old man was referred in April 1997 with dysuria. He had noticed a mass in the base of his penis (figure) since November 1996. The patient had had squamous cell carcinoma of the lung diagnosed in October 1996 and was treated by radiotherapy only. He also underwent Dormia basket extraction of a left ureteric calculus in early 1995. On presentation, he looked unwell, dehydrated, cachetic and he had exertional dyspnoea with productive cough. On his right temple he had a 3 cm skin lesion, clinically thought to be a metastasis but not investigated. Abdominal examination showed no intra-abdominal masses. FNA cytology of the penile mass showed groups of squamous epithelium which were highly suspicious of malignancy. Flexible cystoscopy showed that the mass was not encroaching on the urethra. There was no bladder lesion and the dysuria was relieved by increased fluid intake. The patient refused radiotherapy. He discharged himself and died 8 weeks later.



Figure

Questions

1 What can be seen in the figure?
2 What is the prognosis of this condition?

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Answers

QUESTION 1

There is an irregular hard mass at the base of his extremely oedematous penis. It is attached to the pubic bone but not to the skin.

QUESTION 2

Review of the literature of metastatic penile lesions reveals, in general, a poor response to treatment by chemotherapy or radiotherapy.[1]

Discussion

In spite of a rich blood supply and complex vascular and lymphatic network, the penis is still an uncommon site of metastasis.[2 3] A review of the literature revealed 227 cases up to 1997. Among these, frequent primary sites are the genito-urinary (74.9%) and gastro-intestinal (17.4%) tracts.[2 4] The majority of these metastases originate from organs close to the penis, including the kidneys, bladder, prostate, rectum and rectosigmoid colon.[2 4 5] Metastatic lesions from the lung are very rare. Up to 1997, 15 cases of penile metastasis from lung cancer, including this one, have been reported in the literature.[6 7] Squamous cell carcinoma was the most common histological cell type, occurring in 11 of 15 patients. In eight patients the penile lesion was found at the time of diagnosis of the primary lung cancer and in seven it developed later.[8] The existence of the penile metastasis were apparent from focal pain, urinary disturbance and/or a local mass soon after malignant priapism developed. The most frequent sign of penile metastasis is priapism, with an incidence approaching 40%.[2]

Penile metastatic invasion, regardless of tumour origin, has been associated with advanced disease and carries a grave prognosis. In the light of poor prognosis a patient with metastatic lesions should be treated with palliative therapy as symptoms arise. Although penile metastasis is a rare condition in lung cancer patients, we consider it valuable for clinicians to be aware of the phenomenon and its significance.[9]

Final diagnosis

Penile metastasis from squamous cell carcinoma of the lung.

Keywords: penile metastasis; lung cancer

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