ORIGINAL RESEARCH PAPER
INTERNATIONAL JOURNAL OF PURE MEDICAL RESEARCH
Urology
KEYWORDS:

PENILE TUBERCULOSIS MASKING AND DELAYING DIAGNOSTIC OF AN AGGRESSIVE PENILE CANCER DURING COVID 19 PANDEMY

Volume - 7, Issue - 7, July - 2022
ISSN (O): 2618-0774 | ISSN (P): 2618-0766

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INTERNATIONAL JOURNAL
OF PURE MEDICAL RESEARCH

Abstract
The purpose of this report is to highlight the special diagnostic circumstances of penile cancer masked and delayed by histologically proven penile tuberculosis during Covid-19. We report the case of a man who consulted after the development of a penile abscess associated with phimosis and chronic urogenital infection. The man, who presented with poor communication skills and complex sexual behavior, underwent posthectomy, biopsy, and excision of the abscess. Histology revealed the tubercular nature of the penile lesion. We prescribed anti-tuberculosis treatment but the penile lesions worsened, and severe pain appeared with urethral fistulas we performed a second biopsy and a cystostomy because of severe obstructive urinary disorders and a urethral fistula the second biopsy confirmed a tuberculosis lesion, so we continued the tuberculosis specific treatment. Unfortunately, we noticed a bad evolution, a third biopsy revealed a cancer after a long delay. The CT scan showed inguinal, ilioobturator and lumbo-aortic lymph node metastases. The patient's general condition continued to deteriorate, so we started chemotherapy with Carboplatin + Docetaxel. After two sessions, the patient died.

Introduction
Penile cancer is rare in Algeria and North Africa. It represents 15% of malignant tumors in Africa, with a low worldwide incidence of 0.59 per 100,000 population.

This cancer affects uncircumcised patients with phimosis and chronic bacterial infections. In 95% of cases, it is a squamous cell carcinoma. We report a case of primary penile cancer, where the diagnostic circumstances were particular and the prognosis severe.

Observation
A 67 year old man, diabetic with sexual and communication disorders,

consulted in emergency during the COVID-19 pandemic in July 2020 for a penile abscess associated with phimosis. We performed excision of the collection and posthectomy.

Anatomopathological study revealed penile tuberculosis, we started antitubercular treatment.

Five months later, the patient returned with a penile swelling of about 05 cm, hard, fixed to the corpora cavernosa, centered by a urethral-cutaneous fistula, very painful, requiring morphine.

the penile echo-Doppler revealed a hypoechoic, hyper vascularized formation of 58/33mm without cleavage plane with the corpora cavernosa.

We performed a second biopsy, and the results were in favor of penile tuberculosis, so we continued the antitubercular treatment.

One month later, the evolution was marked by an accentuation of the pain, important mictional obstructive disorders associated with a fistula, and repetitive urinary infections.

The appearance of bilateral mobile inguinal adenopathies. We performed a penile MRI.

Penile MRI
An ill-defined tissue process in the distal part of the penis, measuring 44.5/47/35.2 mm on axis, located 9.3 cm from the root of the corpus spongiosum, infiltrating the corpora cavernosa, corpus spongiosum and urethra, responsible for urethral dilatation with upstream stasis.

This formation was accentuated early and heterogeneously after the injection of the contrast medium.

Bilateral inguinal adenopathy "01/02 cm", and external iliac of 17 and 16 mm in diameter.

We performed a cystostomy and repeated the biopsy.

We deprogrammed the second biopsy because of the "refusal of the patient".02 months later, the evolution was marked by the degradation of the general state of the patient with the appearance of two penile buds, with an abscess.

The patient was hospitalized, drainage of the collection with biopsy with placement of a cystostomy, and broad spectrum antibiotic therapy was started. Histology showed squamous cell carcinoma.
CT scan showed inguinal, ilioobturator and lumbo-aortic lymph node metastases.

The patient's general condition continued to deteriorate, with unbalanced diabetes and repeated local infections requiring repeated dressings with antibiotic therapy. A PCR was organized, and we decided on Carboplatin + Docetaxel chemotherapy. After two sessions, the patient did not tolerate the chemotherapy. The patient died on June 10, 2021.

Discussion
Most penile carcinomas are squamous cell carcinomas (SCC). It usually originates from inside the foreskin or glans.

Penile cancer represents a serious public health problem in some developing countries. Incidence rates are significantly higher in Central and South America (Brazil), parts of Asia (India) and Africa (Uganda).

Africa (Uganda)
Penile cancer is common in areas with high human papillomavirus (HPV) prevalence, which may explain the geographic variation in incidence. On the one hand, we can attribute one-third of cases to HPV-related carcinogenesis.

We attributed this to deficiencies in the health system and lack of hygiene, high rates of sexually transmitted infections, and a high rate of phimosis.

Phimosis is strongly associated with penile cancer. Risk factors include smoking (4.5-fold risk; 95% confidence interval [CI], 2.0-10.1) and low education and socioeconomic status. Neonatal circumcision reduces the incidence of penile cancer, but adult circumcision does not.

(1) Patient-related delays in diagnosis and treatment are not uncommon and are associated with low socioeconomic status and low education.

(2) The diagnosis of penile cancer is often unremarkable, but in doubtful cases, and if non-ablative treatment is planned, histologic verification is mandatory. Small lesions should be included, and larger lesions should have at least three or four blocks. Lymph nodes and surgical margins should be included.

Penile cancer is a rare disease. Its main risk factors are human papillomavirus infection, phimosis and poor hygiene, as well as chronic inflammation. The association with other penile pathologies, especially phimosis, explains the delay in diagnosis.

Diagnosis is based on surgical biopsy of the lesion. Management depends on the location, size, stage and grade.

Metastatic tumors are rare and have a guarded prognosis due to the modest efficacy of "palliative" chemotherapy with a response rate that varies from 15 to 30% and a progression-free survival of a few months.

The particularity of our case of penile cancer lies in the diagnostic delay of "09 months" until a third biopsy, the clinical picture and the evolution.

In our case, several factors were involved in the diagnostic delay
Phimosis is a risk factor masked by the local infection, the primary lesion.

The first two biopsies evoked penile tuberculosis, the pseudo-tumoral character of this type of infection.

The personality and psychological state of the patient are "behavioral and communication disorders".

The epidemiological situation of COVID-19.

Faced with this unfavorable evolution of penile tuberculosis despite a well-conducted anti-tuberculosis treatment, are we faced with an association of two different pathologies, one specifically infectious and the other tumoral, or are we faced with two questionable anatomopathological studies?

Radical surgery or radiotherapy can be used to manage locally advanced tumor stages.

We can consider operability for inguinal nodal masses after an adequate response to neoadjuvant chemotherapy,
In case of visceral metastases (In case of visceral metastases (lung, liver and brain), chemotherapy may provide limited survival benefit.

Immunotherapy has shown a limited response The prognosis of patients with systemic metastases remains extremely poor.

Here, we can consider that tuberculosis was present and possibly associated with aggressive penile cancer. tuberculosis masks the cancer

Conclusion

Tuberculosis is always a great mimicry In the case of penile cancer, tuberculosis may delay diagnosis and lead to late diagnosis c and worse prognosis Phimosis is another factor that plays an important role in delayed diagnosis.

Always consider penile cancer in the presence of phimosis, penile suppuration, and any tissue formation, and perform and repeat biopsies, even multiple biopsies, in the presence of any suspicious lesion that does not respond well to specific anti-biotherapy.

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