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CARCINOMA OF PENIS
Anatomical parts of penis
Root of the penis

a. Formed by two crura - attached to the Ischiopubic rami

b. Bulb of the penis – attached to the perineal membrane
Body (or) shaft of the penis

a. Two corpora cavernosa

b. Corpus spongiosum containing penile part of urethra
Tip (or) Glans penis

- Expanded part of corpus spongiosum
- Contains Terminal part of urethra and external urethral meatus
Arterial supply to penis

a. Artery to the bulb of penis

b. Deep Artery to the penis – one on either side of the crura of the penis runs along - corpora cavernosa

c. Dorsal artery of the penis – along dorsal aspect of the penis gives circumferential branches
Venous drainage of penis

a. Deep dorsal vein of the penis – runs deep to the dartos fascia

Passes below symphysis pubis

Drains into prostatic venous plexus
b. Superficial dorsal vein of the penis – runs superficial to the darts fascia

At the root of the penis – divided and forms superficial external pudendal vein

Drains into – great supphenoous vein
Lymphatic drainage of penis

a. Lymphatics of the prepuce
   Lymphatics of the shaft of the penis
   drains into
   superficial inguinal lymph node

b. Lymphatics from glands penis
   lymphatics draining corporal bodies
   Some lymphatics from glands penis
   Drains directly into deep inguinal lymph nodes
c. Efferent lymphatics from superficial inguinal lymph nodes drains into deep inguinal lymph nodes

Drains into

- External iliac lymph nodes
- Internal iliac lymph nodes
  - pelvic lymph nodes
- Obturator lymph nodes

d. Penile lymphatics usually drains into both inguinal nodes
Macroscopic types of carcinoma of penis

- Flat (or) infiltrating type
- Proliferative type
- Ulcerative type
Microscopic type of carcinoma of penis

- Squamous cell carcinoma
  - common type
  - consists of epithelial pearls
    - cell showing hyperchromatic nuclei
  - varying degrees of mitotic activity
  - four grades of sq. cell ca of penis

- Adenocarcinoma - Rare arise from smegma secreting glands

- Malignant melanoma

- Basal cell carcinoma
Jackson’s staging of ca - penis

- **Stage 1.** Tumour confined to the glands, prepuce or both
- **Stage 2.** Tumour extending into the shaft of the penis
- **Stage 3.** Tumour with metastasis into Inguinal lymph nodes
  - which are mobile
- **Stage 4.** Tumour involving adjacent structures
  - fixed inguinal lymph nodes
  - distant metastasis
TNM staging of Ca - penis

Primary Tumour (T)

- **T0** No Primary Tumour
- **Tis** Carcinoma in situ
- **T1** Tumour ≤ 2 cm in greatest dimension
  No deep extension
- **T2** Tumour >2cm <5cm in greatest dimension
  Minimal deep extension
- **T3** Tumour >5cm in greatest dimension with deep
  Extension including urethra
- **T4** Tumour infiltrating into neighbouring structures
• No. No lymph node involvement
• N1. Mobile unilateral regional lymph nodes
• N2. Mobile bilateral lymphnode involvement
• N3. Fixed regional lymphnode
• M0. No distant metastasis
• M1. presence of distant metastasis
Pre malignant lesions of penis

1. Cutaneous horn
2. Leucoplakai of glands penis
3. Long standing genital warts
4. Balanitis xerotica obliterans
5. Erythro Plasia De queyrat (or) Bowen’s disease
6. Paget’s diseases of the penis
7. Some factors contribute increase incidence
   a. chronic balanoposthisis
   b. Phimosis - chronic irritation due to retained SMEGMA
Clinical examination

Age of onset: Middle aged

Elderly man

younger age group – may affect

Onset, Progress: Lump or Ulcer

Discharge: Purulent

Foul smelling
History

- Inability to retract foreskin beyond gland of penis
  - secondary phimosis
- Any difficulty in passing urine?
  Usually does not have difficulty in passing urine
Local examination

a. Exam the prepuse for phimosis
   - Try to retract the foreskin beyond coronaglandis

b. Any discharge through preputial orifice

c. Exam ulcer or proliferative growth in penis
   - Tenderness
   - Site
   - Shape
   - consistency - usually hard to feel
   - Extend - Involvement of penis
     - Appreciated by indurated feeling
   - Wheather “ Shaft ” is involved or not . If involved – Length of uninvolved shaft
Exam inguinal lymphnode

No of lymphnode involved

Tenderness

Size

Consistency - usually hard to feel

Mobility

Fixity - To skin
  - To underlying structures
Exam abdomen

- pelvic lymphnodes
- Para aortic lymphnodes
Pelvic lymphnodes

- External iliac lymphnodes
- Internal iliac lymphnodes
- Obturator lymphnodes
- Penile lymphatics – usually drain to both inguinal nodes
Questions and answer
How will you confirm the diagnosis

Incisional biopsy
from periphery of lesion
Junction with normal tissue
Treatment

Lesion involves whole gland penis

Upto corona glandis

Not involved shaft of penis
Partial amputation of penis
“Proximal line of resection should be 2 cm proximal to proximal margin of the growth”
Growth involve body of penis

2cm margin not possible

Total amputation

Bilateral orchidectomy perineal urethrostomy
Bilateral orchidectomy?

To abolish sexual desire

Can pass urine easily
How will you manage palpable inguinal node?

- 50% cases due to infection
- 4-6 wks antibiotic therapy
- If not subsided
- Persistent lymphadenopathy after treatment of primary lesion i.e., Amputation
- FNAC of node
Patient presented with mobile lymphnode

- FNAC (+) → metastasis
- Inguino pelvic lymphnode dissection on the involved side
- Superficial ingunal lymphnode dissection on the other side
How will you treat involved lymph nodes are FIXED?
Palliative radiotheraphy

Lymphnode become mobile

Palliative inguino pelvic lymphnode dissection
THANK YOU
SEXUALLY TRANSMITTED DISEASES
GENITAL INFECTIONS
Genital herpes

Caused by sexual transmission of herpes virus hominis

(Type2, occasionally Type1)
Symptoms

Recurrence

Pain - sensory nerve distribution
  - Genitofemoral nerve

Eruption in 2 days around anus
• Group of tiny vesicles
• Rapidly erodes
• Shallow yellow or red ulcer
• In female spread to thigh
• Involve urethra cause retention
• Persist for 14 days
• Radiculitis of S2 S3 nerve roots
Treatment

• Aciclovir

• But does not prevent recurrence
Increased risk

- Carcinoma cervix
- Child born with active infection
- Fatal generalised hepes infection - neonatal period
- Advised - caesarean
Lymphogranuloma venereum
Sexually transmitted tropical disease caused by

*Chlamydia trachomatis* (Chlamydia A) types L1 – L3
Primary lesion

- Fleeting
- Painless
- Genital papule or ulcer
- Often unnoticed by patient
Symptoms and signs

- Inguinal glands enlarged
- Painful
- Both sexes
- Between 2 wks and 4 months after infection
Masses of nodes mat together
above and below inguinal ligament

“Sign of Groove”
Skin reddens fluctuation

Women proctitis - Rectal stricture if untreated

Lymphoedema perineum lower limps

Men urethritis

urethral stricture
Diagnosis

- Immunological tests
- Antibodies against organism chlamydia A
Treatment

• Combination of antibiotics
• Sulphonamide
• Oxytetracycline
• erythromycin
• Multilocular bubo – should not incised
• Aspiration permissible - reduce
discomport
GRANULOMA INGUINALE

• CHRONIC SLOWLY PROGRESSIVE ULCERATIVE TROPICAL DISEASE

• AFFECTING
  1. GENITALIA
  2. SURROUNDING TISSUE
  3. OCCASIONALLY EXTRA-GENITAL SITES
AVERAGE INCUBATION PERIOD FROM 7 TO 30 DAYS
CLINICAL COURSE

1. PAINLESS VESICLE
2. INDURATED PAPULE
3. USUALLY EXTERNAL GENITALS
4. OCCASIONALY SKIN
5. SLOWLY EXTENDING ULCER
6. BEEFY RED GRANULOMATOUS BASE
7. MALIGNANT CHANGE MAY DEVELOP
8. IF TOUCH – ULCERATED AREA READILY BLEEDS
9. SURPRISINGLY PAINLESS

10. UNTREATED – PARTIAL HEALING, KELOID SCAR FORM
INVESTIGATION

- EDGE OF THE LESION – SPECIMEN
- UNDER GIEMLSA’S STAIN
- SHOW DONOVAN BODIES
TREATMENT

• OXYTETRACYCLINE 500MG Q.D.S * 20 DAYS
  OR

• ING. STREPTOMYCIN 4GM DIVIDED DOSE * 5 DAYS
  OR

• CO-TRIMOXAZOLE 2 bd* 10 DAYS
CONDYLOMATA ACUMINATA
( GENITAL WARTS)
SEXUALLY TRANSMITTED CAUSED BY VIRUS
SHOULD BE EXCLUDED

• WOMEN  - CANDIDIASIS
  - TRICHOMONIASIS

• MEN     - SYPHILIS
  - GONORRHOEA
  - PARTICULARLY WITH PERIANAL WARTS
CUTANEOUS WARTS

• OCCUR GENITALS BY DIRECT CONTACT WITH FINGERS

• USUALLY - SOFT
  - MOIST
  - OFTEN PEDUNCULATED
TREATMENT

• CHEMICAL

• PHYSICAL
CHEMICAL

- PODOPHYLLIN 25Y. IN SPRIT
- WASHED OFF AFTER 6 OVERS
- SEVERAL APPLICATION NECESSARY
- CRYOSURGERY
- ELECTROCAUTERY – PERIANAL WART
- INFLITRATION 1 IN 30,000 ADRENALINE SOLUTION WARTS TO BE EXCISED
THANK YOU