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Letter

Squamous cell carcinoma of the penis and topical combination corticosteroid products: a cautionary case

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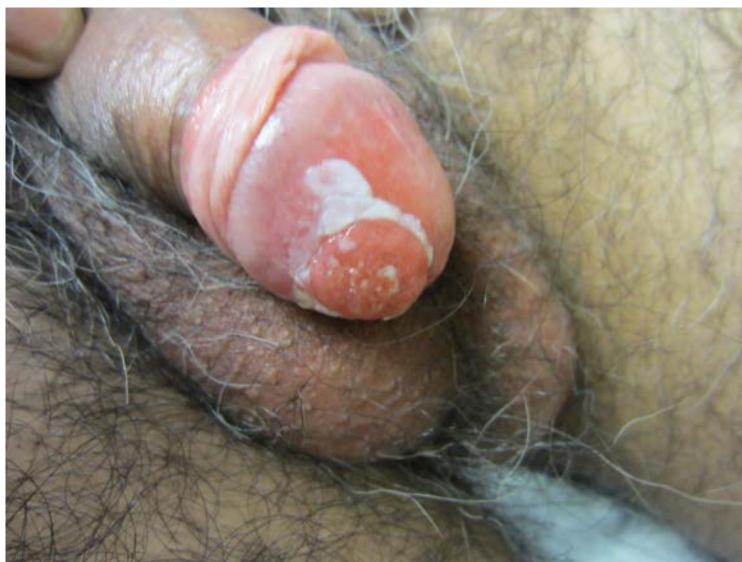
Abstract

Squamous cell carcinoma of the penis is fairly uncommon, but an important clinical entity with significant patient morbidity. Early diagnosis is important to allow for conservative management and to avoid aggressive surgical resection. We present a case of an invasive squamous cell carcinoma of the glans penis, which was treated with topical anti-fungals and corticosteroids for 2 years prior to diagnosis, necessitating partial glansectomy.

Introduction

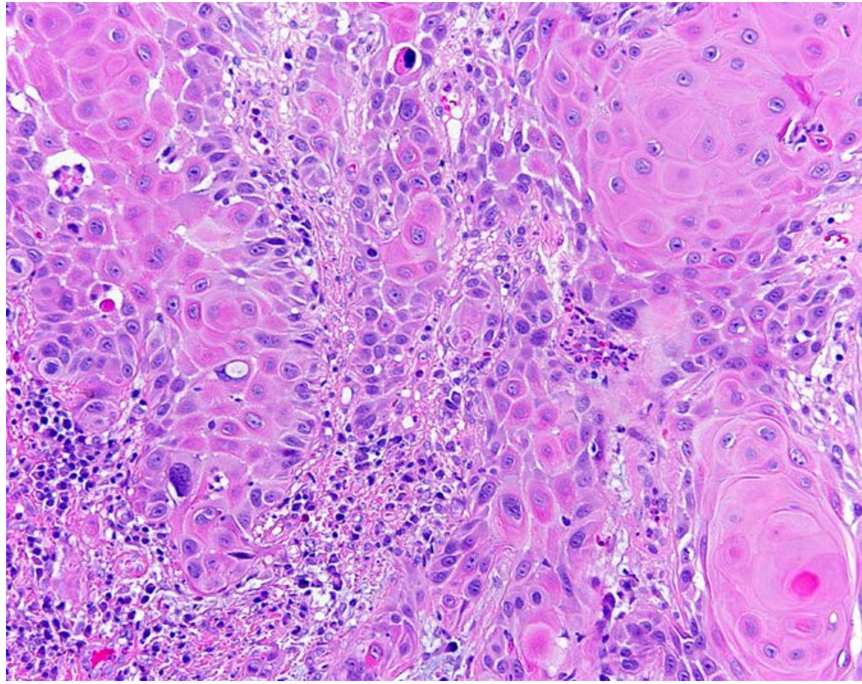
The most common type of penile carcinoma is squamous cell carcinoma, which is more commonly seen in developing nations [1]. Of the invasive squamous cell carcinomas of the penis, 62% present as localized lesions and 62% require surgical resection involving partial or total penectomy [2]. Our patient also required surgical resection after a delay in diagnosis.

Case



A 68-year-old uncircumcised man presented to clinic with a 2-year history of a penile lesion in the setting of recurrent candida balanitis. He had seen several healthcare providers for this issue and had been treating the area with a combination of betamethasone-clotrimazole and betamethasone-cloquinol for several years without improvement. He had also been using a

topical ciprofloxacin ointment he had obtained from his travels to India. Physical exam revealed a 2 cm eroded erythematous plaque on the glans penis (Figure 1).



Biopsy of the lesion revealed an invasive squamous cell carcinoma (figure 2). The patient was referred to urology and underwent partial glansectomy with frozen sections that showed complete excision. Circumcision was also performed at the time of excision. CT scans of the abdomen and pelvis were negative for lymphadenopathy or other evidence of metastatic disease.

Discussion

Invasive squamous cell carcinoma (SCC) of the penis is uncommon in the United States with an incidence of 0.81 per 100,000 men, representing 0.1% of all malignancies [2]. The median age at diagnosis is 68 and the incidence of penile SCC increases with age. In developing nations the rates are higher, including India. The risk factors for developing SCC on the penis include lack of circumcision, HPV infection, chronic balanitis, and phimosis [1].

For early stage squamous cell carcinoma, local excision is the recommended treatment. Recently surgeons have investigated conservative management including local excision with small margins and penile sparing procedures [3]. Limited surgical resection can still have associated morbidity, so early diagnosis is key.

Because chronic balanitis can be a risk factor for squamous cell carcinoma of the penis, it is important to follow these patients closely. Balanitis is caused by *Candida albicans* in the majority of patients, and topical or oral antifungal agents are used for treatment [5]. Non-dermatologists are much more likely to use combination steroid-antifungal products for presumed fungal infections [4]. However the use of these products is not recommended for long-term management. If the area is not clearing with antifungal treatment, a biopsy should be strongly considered.

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