

PENILE METASTASIS FROM RECTAL CARCINOMA

Dear Sir,

We read with interest Tan et al's recently published case of colorectal metastasis to the glans penis. This was the first case reported in Singapore of this fortunately rare condition⁽¹⁾. We report a further case of penile metastasis from rectal adenocarcinoma. Prior to presentation to our department, a 56-year-old man was treated two years ago for a Dukes C low rectal adenocarcinoma. He underwent abdominoperineal resection, but subsequently development localised pelvic spread on follow-up computed tomography one year later. No other metastases were found at that time.

He was treated with combination chemotherapy and radiotherapy, which did not result in tumour regression. Magnetic resonance imaging one year later showed extension of the tumour into the ischiorectal fossa. He was referred to the Urology Department after developing hard lesions at the base of his penis. These were scheduled to be biopsied approximately three weeks later, by which time they had trebled in size. He had also developed a single hard 1cm nodule on the glans penis. Histology did indeed confirm this as metastatic adenocarcinoma.

Penile metastasis from colorectal cancer was first reported in 1956⁽²⁾, with a few case reports in the literature since then⁽³⁻⁵⁾. The anatomy of the penis and its blood supply is such that extensive perineal invasion is required before metastasis can occur. Reported treatment modalities have ranged from radiotherapy, chemotherapy, hyperthermia and surgery, with survival ranging from three to 18 months from time of diagnosis. Penectomy is a radical procedure advocated by some authors⁽⁴⁾, although the survival benefit remains controversial. Others have suggested that it should only be reserved for cases where metastases are isolated to only the penis⁽⁵⁾.

Although Tan et al's patient was offered penectomy, and refused, it should be noted that this should be offered primarily as a palliative rather than curative procedure. In view of the poor outcomes of all reported modalities, it was decided to treat our patient with radiotherapy in order to overcome the psychological and physical morbidity of penectomy, in what is almost certainly a terminal manifestation of colorectal cancer.

Yours sincerely,

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