

Collision Tumors of the Penis: Case Report

Wilson IB Onuigbo^{1*} and Chineme M Anyaeze²

¹Medical Foundation and Clinic, Enugu, Nigeria

²Six-C Hospital, Ehime, Nigeria

***Corresponding Author:** Wilson IB Onuigbo, Medical Foundation and Clinic, Enugu, Nigeria.

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Abstract

Collision tumors are rare tumors composed of two histologically distinct neoplasms coinciding at the same location. For instance, Japanese authors assembled three cases of primary pulmonary collision cancer composed of squamous cell carcinoma and adenocarcinoma. Therefore, we present the collision of squamous cell carcinoma and comedocarcinoma of the penis in the Nigerian setting among the Igbo ethnic group. This became possible due to the establishment of a histopathology data pool, seeing that this promotes epidemiological analysis.

Keywords: Penis; Squamous Cell Carcinoma; Comedocarcinoma; Metastasis of the Latter; Igbos; Nigeria

Introduction

USA authors recently defined them thus: "Collision tumors are rare tumors composed of two histologically distinct neoplasms coinciding at the same location" [1]. Now, interesting cases have been described from Japan [2] and Greece [3]. Therefore, it is deemed noteworthy to present a case from among the Igbo ethnic group [4]. This is thanks to the establishment of a histopathology data pool, seeing that Birmingham (UK) authors suggested that this facilitates epidemiological analysis [5]. Accordingly, as the senior author (WIBO) pioneered the Eastern Region Pathology Laboratory from 1970, this encouraged the junior author (CMA) to send a complicated looking penile growth.

Case Report

A 66-year-old Igbo man consulted Dr Anyaeze at the Six-C Hospital, Ehime, Owerri, on 17th December, 2001. There was a painful left groin swelling that ulcerated 7 months previously. There were ulcers on the penis for 5 months. The impression was of cancer of the penis with fungating tumor like lesion. The lymph nodes were matted together with many pockets of abscesses. An edematous ulcerated penis extending up to the midshaft was dissected en block.

A 13 x 9 x 3 cm irregular mass with patchy skin covering of which nodular, ulcerated and bulbous areas could be identified. On section, necrotic pale tumor tissue measured up to 7 cm across. The excision base area revealed more discrete lesions.

On microscopy, ulceration was present with extensive malignancy of two types. One was clearly squamous with papillary arrangement as well as individual cell keratinization and cell nests. The other formed collars of cancer cells surrounding eosinophilic necrotic matter classically. This form was found inside some lymph nodes. There were also abscesses which did not contain fungal elements.

Accordingly, the diagnoses were papillary squamous cell carcinoma, comedocarcinoma, and lymph node metastases from the latter lesion.

Discussion

The author's experience of double but not collision cancers of the breast was in this community [6]. Indeed, it was of interest that the comedo type occurred eight times whereas the squamous variety appeared only once.

On appeal to a book on the diagnostic histopathology of the skin [7], the glandular elements were displayed. Apparently, one of them, but not the sebaceous type, must have become malignant in our patient.

Conclusion

As for the extension of this penile growth, it was specified as "mid shaft". This is in keeping with a previous finding in the Igbo community [8]. Elsewhere, in a review [9], the usual picture was summed up thus: "Penile squamous cell carcinoma most commonly presents between the ages of 50 and 70 years. The majority of lesions are found on the glans (48%), followed by the prepuce (21%), both glans and prepuce (15%), coronal sulcus (6%), and shaft (< 2%)". Of course, circumcision of Igbo males accounts for the prominence of the shaft lesion among them.

Bibliography

1. Murthaiyah P, *et al.* "Collision tumor versus multiphenotypic differentiation: A case of carcinoma with features of colonic and lung primary tumors". *Anticancer Research* 29.5 (2009): 1495-1497.
2. Sawada S, *et al.* "Three cases of collision cancer of squamous cell carcinoma and adenocarcinoma". *Japanese Journal of Lung Cancer* 43.6 (2003): 739-744.
3. Stofilas A, *et al.* "Collision tumor of the stomach with a cancer to cancer metastasis: A case report". *Cases Journal* 1.1 (2008): 63.
4. Basden GT. "Niger Ibos". London: Cass (1966).
5. Macartney JC, *et al.* "Use of a histopathology data pool for epidemiological analysis". *Journal of Clinical Pathology* 33.4 (1980): 351-353.
6. Onuigbo WIB. "Double carcinoma of the breast in a developing community". *Journal of Cancer Science and Therapy* 1.10 (2018): 1-4.
7. Milne JA. "An introduction to the diagnostic histopathology of the skin". Edward Arnold Publishers Ltd. London: (1972): 29.
8. Onuigbo WIB. "Carcinoma of skin of penis". *British Journal of Urology* 57.4 (1985): 465-467.
9. Marchionne E, *et al.* "Penile squamous cell carcinoma: A review of the literature and case report treated with Mohs micrographic surgery". *Anais Brasileiros de Dermatologia* 91.1 (2017): 95-99.

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M Anyaeze.