Testicular and Penile Tumors

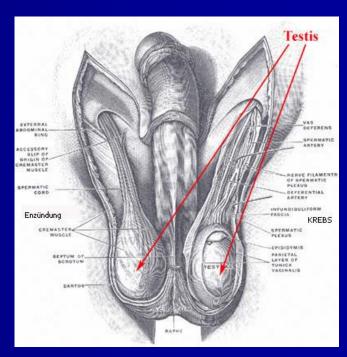
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Testicular cancers





Background

- 1% of all male neoplasms
- 3-6/100.000 males/year
- young men (mean age 32 years)
- incidence increases
- mortality is low



Risk factors (Epidemiology)

- cryptorchidism
- familia history
- infertility
- Klineferter syndrome
- contralateral tumor

Screening

 stage and prognosis are related to early diagnosis

advocate self-physical examination

Symptoms are aspecific

- Painless growing of the testis
- Dense knot in the testis
- Pain (rarely)
- Tractive feeling in the testis



Diagnosis

- physical examination
- ultrasound of the testicles
- serum tumor markers
- confirmation diagnosis (inguinal orchiectomy)
- CT scan (abdomen and thorax)

Ultrasound

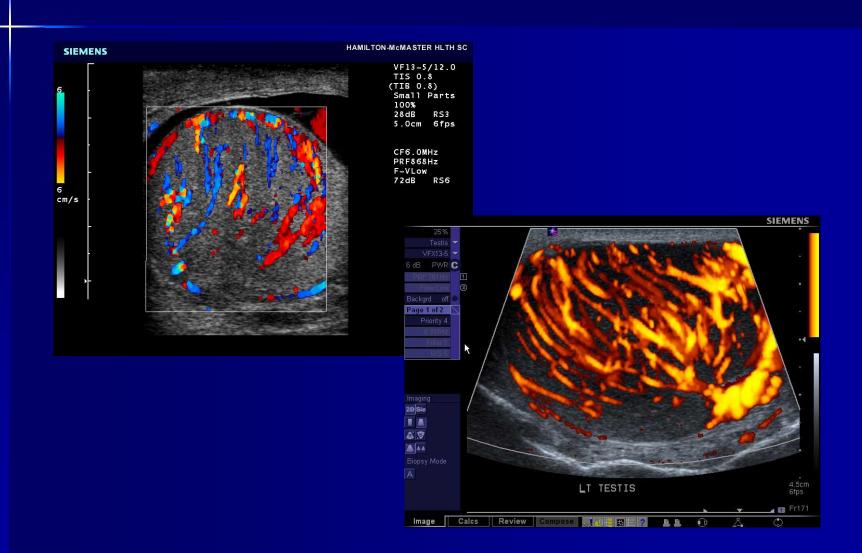








Ultrasound (Doppler)



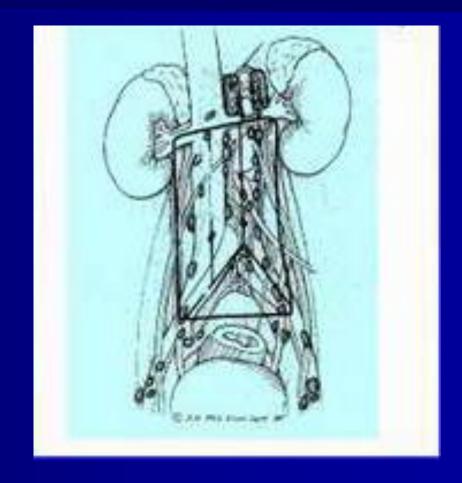


Tumor markers

- AFP (alfa-fetoprotein)
- β-HCG (beta human choriogonin)
- NSE (neuron specific enolase)

Abdominal ultrasound and CT

To examine retroperitoneal (para-aortical) lymph node metastasis



Chest X-ray and CT

■ To examine pulmonar metastasis

Treatment

First step:unilateral high castratio







Histology of primary germ cell tumors and frequency of serum tumor markers

| Tumor type | AFP (%) | HCG (%) |
|--------------------|----------|----------|
| All germ cell | 50 to 75 | 40 to 60 |
| tumors Seminoma | 0 | 9 |
| Nonseminoma | 65 | 56 |
| Choriocarcinoma | 0 | 100 |

Pathological staging

pT Primary tumor

PN Regional lymph nodes

pM Distant metastasis

Staging is the cornerstone in decision making for the right treatment.

Stage I No metastasis

Stage II/A Metastasis below the diaphragm

Stage II/B Metastasis over the diaphragm

Treatment

Seminoma:

- Stage I
- Stage II/A
- Stage II/B

- 1. wait and see
- 2. radiation
- 1. radiation
- 1. radiation + adj. chemotherapy
- 2. ind. chemotherapy+ salvage retroperitoneal lypmhadenectomy
- (RLA)

Treatment

Nonseminoma:

■ Stage I 1. RLA

2. chemotherapy

3. wait and see

Stage II/A

RLA + adj.

chemotherapy

2. chemotherapy + salvage

RLA

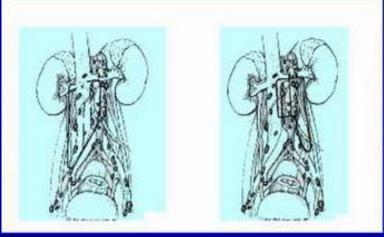
Stage II/B

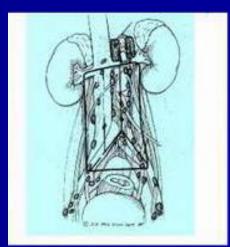
ind. chemotherapy +

salvage RLA

Retroperitoneal lypmh node dissection (RPLND)

- Bilateral dissection
- Unilateral dissection
- Nerve sparing RLA
- Salvage RLA
- Laparoscopic RLA





Chemotherapy

- Cisplatin
- Etoposide
- Bleomycin
- Vinblastin

+ SYSTEMATIC FOLLOW UP

Penile cancers





In situ carcinoma

Erythroplasia of ——Queyrat



■ Bowen disease





Buschke-Löwenstein tumor



Invasive carcinoma of the penis

Etiology

- prolonged contact of the smegma
- recidiv inflammation
- HPV infection

Histology

- 90% Squamous cell cancer
- Sarcoma (Kaposi)
- Melanoma
- Basal cell cancer

TNM

| Stage | |
|-------------|--|
| ■ Tis | carcinoma in situ |
| ■ T1 | involves subepithelial connective tissue |
| ■ T2 | involves corpus spongiosum or cavernosum |
| ■ T3 | involves urethra or prostate |
| ■ T4 | involves other adjacent structures |
| Grade I-III | |

Symptoms

Presentation of the lesion:

- area of induration or erythema
- ulceration
- small nodule
- exophytic growth

Phimosis may obscure the lesion.

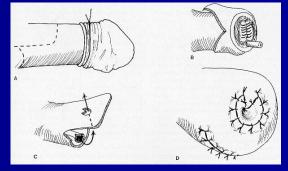
Diagnosis

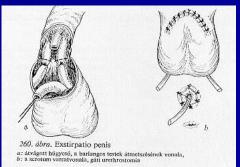
- Palpation of primaer laesion
- Palpation of the enlarged (metastatic)
 - inguinal lymph nodes
 - (50% of the patients)
- Abdominal ultrasound and CT, bone scan, chest X-ray:

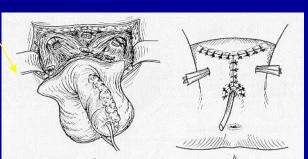
lymph nodes (iliacal) and other metastasis (lung, liver, bones brain)

Surgical Treatment

- Biopsy (exscisio) of the primaer laesion
- Circumcisio
- Partial resection of the penis
- Total penectomy with perineal urethrostomy
- Emasculinatio with perineal urethrostomy







- Bilateral inguinofemoral lymphadenectomy
- Pelvic lymphadenectomy

- Chemotherapy:
 vincristin, methotrexat, bleomycin,
 5-fluorouracyl, cisplatin
- Radiotherapy

