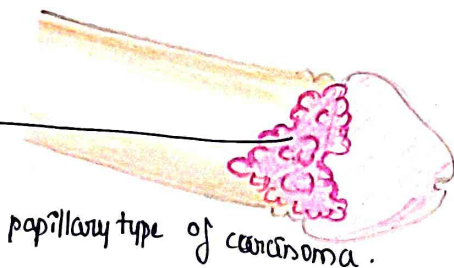


Squamous cell Carcinoma -

penis

SCC of penis is a malignant neoplasm arising from squamous epithelium, most commonly occurring on glans or inner surface of the prepuce near the coronal sulcus.



glans penis ← deformed by cauliflower like growth.

Etiology / Risk factors

- ① poor genital hygiene
- ② lack of circumcision.
 - circumcision reduces exposure to carcinogens in smegma & lowers HPV infection risk.
- ③ high-risk HPV infection
 - mc - HPV 16.
 - also HPV 18.
 - (HPV DNA is detected in 50% cases)
- ④ Cigarette Smoking.
- ⑤ Geographical variation.
 - rare in US
 - common in asia, africa.

Pathogenesis

HPV infection: high risk.

↓
viral oncoy. E6, E7 expression.

↓
p53 / pRB inactivation.

↓
epithelial dysplasia.

↓
invasive carcinoma.

{ write from already learned }
HPV pathogenesis in Ca cervix.

MORPHOLOGY

GROSS

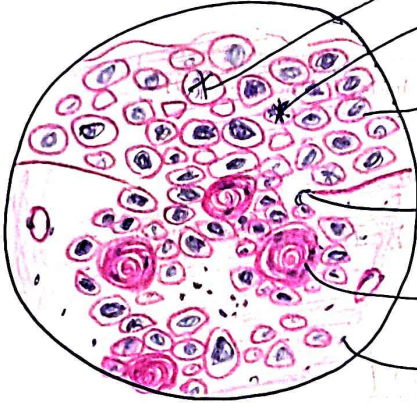
location: Glans or inner prepuce (near coronal sulcus)

Patterns: ① **papillary** - cauliflower-like fungating mass.

② **Flat** - thickened, grey, fissured epithelium.
↓
ulcerated papule.

MICROSCOPY

- Squamous cell carcinoma with varying degree of differentiation.



well differentiated SCC of penis.

▶ mitotic figures

▶ abnormal mitotic figures.

▶ dysplastic cells - pleomorphic nuclei - variable shape & size

▶ Breach in basement membrane.

▶ Multiple Keratin pearls ⇒ well differentiated SCC.

▶ Inflammatory cells

variants.

- ① verrucous carcinoma: Exophytic, locally invasive, well-differentiated

- ② Basaloid
- ③ warty
- ④ papillary.

CLINICAL FEATURE

- slow growing, locally invasive.
- often painless until ulceration/infection.
- usually present > 1 year before medical attention
- Early inguinal lymph node spread - possible.

CRYPTORCHIDISM

Its complications?

Definition

• cryptorchidism is the complete or partial failure of Intra-abdominal testes to descend into the scrotal sacs.

• It is the most common congenital abnormality of male genital tract, seen in ~1% of 1 yr old boys.

Phases of testicular descent

① Transabdominal : Influenced by Mullerian Inhibiting Substance
↓
testis reach lower abdomen / pelvic rim.

② Inguinoscrotal : Androgens
↓
testes pass through Inguinal canal to scrotum.

• arrest may occur at any level, most commonly in Inguinal Canal.

• In most patients, undescended testis is palpable in Inguinal Canal.

Diagnosis

- testicular descent into scrotum is not always present at birth.
- diagnosis with certainty @ 1 year.

Etiology

- often isolated occurrence.
- sometimes associated with hypospadias etc.

MORPHOLOGY

Gross : testis is small & firm due to fibrosis

Microscopy : atrophy of seminiferous tubules begin as early as 2 y.

- atrophied tubules arrest the development of germ cells.

• thickening & hyalinization of tubular basement membrane.

• Increase in interstitial stroma & prominent Leydig cells among atrophied tubules.

• GONADIS may develop in cryptorchid testis.

recommended : by "orchiopexy 6-12 months to prevent progression"

Complications

- ① tubular atrophy : leads to ↓ spermatogenesis and infertility.
- ② testicular cancer risk - 3-5x ↑ risk of GCT from intratubular germ cell neoplasia.
- ③ Trauma / crushing injury
- ④ Inguinal hernia
- ⑤ Cancer in contralateral testis

ORCHIOPEXY - Surgical Correction

- Best done at 6-12 months of age
- reduce risk of sterility.