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COMPLETE EXTIRPATION OF THE PENIS FOR EPITHELIAL
CARCINOMA.

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EPITHELIAL carcinoma of the penis, though rarely encountered, is one of the gravest diseases that can attack that organ.

It usually begins on the glans or prepuce; later both structures become involved. As a rule its appearance is as a warty excrescence; in some instances it is soft, but more commonly it is hard and dry. It may be single, multiple, sessile, or pedunculated. The base is fixed and indurated; later on becoming cracked, fissured, and the seat of ulceration; thus differing from the benign venereal wart.

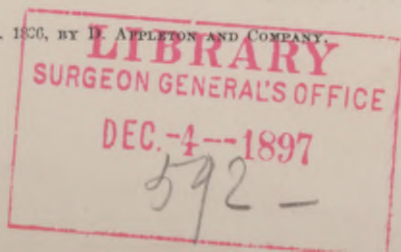
Epithelial carcinoma may have its origin as an ordinary persistent pimple, which is dangerous from being, as a rule, deeply seated in the neighborhood of the lymphatics; it is early followed by involvement of the secondary glands. Later it breaks down and becomes a chronic ulcer.

Individuals who have passed middle life, who have a long foreskin and suffer from chronic balanitis are most liable to carcinoma. Its first appearance is as a raw patch, which, not yielding to treatment, gradually becomes covered with a crust under which the ulcerating process goes on. A few cases are reported where cancer made its appearance in the urethra; and it has sometimes followed chancre or chancroid occurring later in life. In rare instances it has been developed from an infected wound, and in persons subject to constant irritation of the glans penis due to a tight or adherent foreskin.

The case which I wish to report is that of an individual sixty-one years of age, by occupation a laborer, with a negative family history.

It appears that his general health was good up to August, 1895, when he suffered from an attack of balanitis, to which affection he had long been subject, his foreskin being long and redundant.

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The inflammation of the glans was persistent and did not yield to treatment. A raw surface about the size of a ten-cent piece made its appearance on the center and posterior portion of the glans, which was the seat of intolerable itching, making constant scratching an absolute necessity. The irritation of the finger nails produced swelling, and ultimately ulceration of the part, slowly extending and at the same time surrounded by large exuberant warts, accompanied by a bloody discharge.

This person presented himself at the genito-urinary department of Jefferson Hospital in October last, when an amputation back of the corona glandis was advised, but to this treatment he refused to submit



FIG. 1.—Carcinoma of the Penis before Operation.

and left the institution. He returned on the 27th of April, and requested that the operation be performed. On examination the penis was found to be enormously enlarged, measuring, throughout its length, seven inches in circumference, with deep, foul-smelling ulcerations around the penile portion of the member (Fig. 1). There was great difficulty in passing his urine, and there were lancinating pains extending to the perineum. Phimosis was complete.

The patient had lost a great deal of flesh since last seen, and he was altogether below par.

It was decided that complete extirpation of the organ, after the manner recommended by Mr. Pearce Gould, was the only remedy. It was determined to leave the extirpation of the glands of the groin for a future operation.

The patient was etherized and the skin split on the dorsum of the penis, in order to expose the glans and enable me, if possible, to pass a catheter into the urethra; but I was unable to discover the outlet, immeshed as it was among the warty mass which surrounded the glans. He was placed in a lithotomy position, and the scrotum split from the root of the penis to the perineum along the raphe; the corpus spongiosum was then exposed and carefully separated from the corpora cavernosa, and dissected back as far as the triangular ligament. The urethra was now cut across and isolated until a sufficient length was assured to enable me to fasten it to the perineum, when the incision was carried around the root of the penis. The suspensory ligament was divided and the corpora cavernosa were detached in like manner, until the crura alone remained on each side, which were then cut



FIG. 2 —Carcinoma of the Penis after Operation.

through by means of a raspatory. Some little difficulty was experienced in controlling hæmorrhage from the crura on the right side, and it became necessary to retain two hæmostatic forceps *in situ* for forty-eight hours.

The urethra was stitched to the perineum, the wound irrigated, a drainage tube inserted, a catheter passed on to the bladder, and the parts approximated by means of silkworm-gut sutures.

The patient made an uninterrupted recovery (Fig. 2). It was found on examination that the enlarged glands of the groin had resumed their natural size and required no further attention.

When carcinoma involves the glans only, amputation directly back of the corona will be found sufficient. In two cases of the kind in which I performed the operation, one dating back two years and the

other nine months, not only has there been no return of the disease, but the individuals have been enabled to indulge in the act of coition without apparently missing the absent glans.

When the body of the penis is involved, and amputation becomes necessary, and the resulting stump is too short to permit of sexual intercourse, it is in my opinion safer, and accompanied with less risk, to perform a complete extirpation instead of operating in the neighborhood of the peno-scrotal junction.

In cases where carcinoma originates in the urethra a complete extirpation is the safest procedure, as they are more likely to be followed by secondary involvement than when the disease has its beginning in some other portion of the organ. After the patient has convalesced he should be instructed to daily insert a meatus bougie into the urethral opening, which will prevent a contraction of the orifice, to which there is always a tendency.

