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Commentary

Rare Urogenital Malignancies: Hypogastric Subcutaneous Approach for Penile Cancer

Evelyn Lee*

Department of Andrology, University of Washington, Seattle, USA

DESCRIPTION

The diagnosis of penile cancer is uncommon but becoming more frequent. Despite the fact that there are more penile cancer cases being detected (the incidence is rising), death (or alternatively, overall survival) has remained constant. The presentation includes a thorough assessment of existing therapies, therapeutical targets, and current clinical studies. For a condition with minimal therapeutic options, this analysis illuminates novel strategies and approaches. Surgery is the standard treatment for Penile Squamous Carcinoma (PSC), however there is a high risk of morbidity.

Penile sparing techniques like brachytherapy need knowledge, protracted hospitalization, poor patient comfort, and varied long-term toxicity. The protocol for an innovative portable device developed for PSC that enables hybrid interstitial/surface brachytherapy as an outpatient procedure, enhancing uniformity and patient convenience. The penis is an uncommon site for Squamous Cell Carcinoma (SCC), which is a rare cancer in affluent nations like the US. Inflammatory disorders and the Human Papilloma Virus (HPV) infection are risk factors for these malignancies.

Based on TNM staging, several treatment options, such as chemo radiation or surgical management, may be used. Individuals with local or mildly regional illness may have a good prognosis, but extra nodal metastasis causes a significant decline in survival. Here, they presented the example of a patient who had widely distributed SCC of the penis and lived a long time without the condition.

The most common penile malignancy is Penile Squamous Cell Carcinoma (PSCC). Human Papillomavirus (HPV) infections are a significant etiologic factor in PSCC. However, the lack of cell lines and few clinical specimens, the molecular specifics of the basic carcinogenesis remain poorly understood. Here, the distinct HPV-Positive Penile Cancer (PeCa) cells in multilayer and organotypic 3D raft cultures, as well as tissue micro arrays incorporating clinical tissue specimens, to investigate whether the presence of high-risk HPV16 oncogenes leads in an amplification of the Wnt pathway.

An uncommon yet deadly disease is penile cancer. There has been a number of case reports lately released that suggest AABP may raise the risk of penile cancer.

The chances for patients with uncommon malignancies may be improved by centralizing expert treatment. The most crucial clinical component of treating penile cancer is evaluating the inguinal lymph nodes, which is frequently overlooked in a decentralized environment. Although there may be some difficulties for patients, centralizing treatment may decrease system delays, enhance guideline adherence, give access to a larger group of specialists, and better prognosis. 5% of penile tumors are non-squamous; however their prognostic relevance and clinic pathologic characteristics are unclear. The Cancer-Specific Mortality (CSM) for squamous cell carcinoma with non-squamous malignancies using data from a national cancer registry to describe clinical features.

CONCLUSION

The prevalence of penile squamous carcinoma worldwide reflects the inequalities in health between industrialized and developing nations. The most prevalent locations for this form of cancer are poor nations in Africa and South America, where age-standardized incidence rates can reach as high as 6.15 per 100,000 in some regions where penile cancer is a serious public health issue. The current categorization of penile cancer roughly separates the illness into two types, one caused by Human Papillomavirus (HPV) infections and the other perhaps brought on by poor hygiene and persistent inflammation as seen, for example, in individuals with untreated phimosis.

Correspondence to: Evelyn Lee, Department of Andrology, University of Washington, Seattle, USA, E-mail: evelynl32@edu.net

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