

There is usually a narrow zone of superficial dermis separating the lesion from the epidermis. Therefore an excision or punch biopsy is preferred to a superficial shave biopsy. Epidermotropic metastases are often undifferentiated and immunostaining proved helpful to diagnose the type of primary lesion.⁷

The mechanism of how penile carcinoma spreads to skin is not clear, but grouped skin lesions from visceral malignancy (such as in our patient) have been attributed to perineural intralymphatic spread.⁹ Distant skin spread in melanomas has been described with migration of cancer cells on the external surface of vessels (not intraluminal) – this mechanism of spread has not been described in any other malignancy.¹⁰ □

his death. The referring doctor had commenced him on antibiotics for 4 weeks presumable to treat the groin nodes as infected. We have shown that palpable nodes associated with penile cancer contain cancer in 72%,¹ rather than the 50% that is frequently quoted. This type of skin metastasis is seen in a subset of cases, usually as recurrence rather than on presentation. They are palpable initially within the skin and may ulcerate with the appearance of cigarette burns. They are visible and enhance on CT. It would be interesting to study the genetic signature and cell surface receptors of this subset. The liver metastases are particularly unusual and raise the possibility of hematogenous spread as well as lymphatic in this case. The rarity of this cancer in the western world means that preventative programs such as education, hygiene, circumcision² and HPV vaccination³ are unlikely to materialize in the short term. Nonetheless overall patients who present early have an excellent prognosis, with over 90% survival in our series.¹ Neoadjuvant chemotherapy has promise in the management of patients with node positive disease.⁴

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EDITORIAL COMMENT

This case is interesting in that the patient had multisite and multiorgan metastases. His 9 month history prior to presentation is typical of self-neglect associated with advanced penile cancer. Married men present significantly earlier than single men with penile as well as other cancers. This patient had a history of alcohol related illness and tuberculosis, both associated with poor self-care. It is unfortunate that he finally presented just 10 days before