

Penile Carcinoma is a malignant disease with low incidence. 0,5 – 1,0 case occurs in population of 100,000 men in developed countries of EU and USA. However, in some regions of Africa and South America, 10% of men population suffers cancer disease.

Histologically, it is in most cases spinocelular carcinoma usually originating in glans or sulcus coronarius. The development of the carcinoma is gradual and slow process and its spread can be horizontal, or vertical with worse prognosis. The development of the carcinoma is usually preceded by few years lasting precancerosis.

Carcinoma begins as a small eflorescence type of ulceration or induration, very often itchy or bloody. The specific sign of penile carcinoma is long lasting stage of locoregional infiltration with metastases in local lymphatic nodes. This is also the most important prognostic factor of cancer. In this stadium, we can stop the development of cancer disease with radical lymfadenectomy that leads to the complete recover of the patient or has tendency to the long lasting remission of the cancer. The metastases spread in most of cases by lymphatic vessels, metastases by blood vessels occur very rarely.

Therapy is usually performed by surgical removal of primary tumor with added radical lymfadenectomy. Surgery represents the most important method of therapy of penis cancer. Radiation therapy can be used in earlier stadium of the cancer and the benefit of radiotherapy is its mild humiliating effect. Patient after radiotherapy can have normal sexual intercourse and can urinate spontaneously. This method is used in most cases to cure young patients.