

## Erectile Dysfunction: Initial Symptom of a Patient with Lung Cancer

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### ABSTRACT

**Introduction.** Penile metastases are rare and represent the advanced stage of the primary tumor. The patients usually have a history of a previously diagnosed malignancy and when metastasis to penis occurs, the most common findings would be priapism, pain, and difficulty in voiding.

**Aim.** We aimed to present a patient who had erectile dysfunction as the initial symptom of lung cancer. Besides the unusual clinical presentation, the sonographic and magnetic resonance imaging (MRI) findings of the penile metastasis were also not typical.

**Methods.** A 57-year-old man with erectile dysfunction was admitted to the Department of Urology. On physical examination, there was a rigid, smooth, immobile, and painless mass at the base of the corpora cavernosa. Ultrasonography and MRI were performed in order to delineate the nature of the lesion.

**Results.** Radiological findings could not lead to a certain diagnosis and the lesion could not be resected completely during the surgery. Therefore, biopsy of the corpus cavernosum penis was performed. The histopathological diagnosis was metastatic malignant epithelial tumor consistent with nonsmall cell carcinoma. Further investigations revealed a metastatic lung cancer.

**Conclusions.** Penile metastasis may rarely be the initial presentation of a malignancy and erectile dysfunction may be a seldom symptom. **Halioglu AH, Haliloglu N, Akpınar EE, and Ataoglu O. Erectile dysfunction: Initial symptom of a patient with lung cancer. J Sex Med 2011;8:3511–3514.**

**Key Words.** Erectile Dysfunction; Impotence; Lung Cancer; Corpus Cavernosum

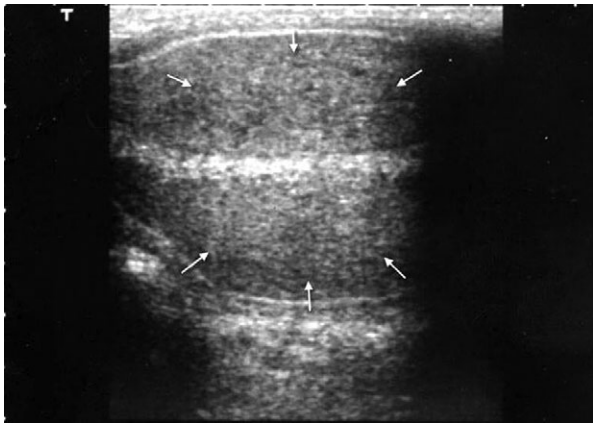
### Introduction

Metastasis to the penis from lung cancer is quite rare and represents the advanced stage of the disease with accompanying distant metastases and short survival [1,2]. The most frequent symptoms of penile metastases are priapism and palpable masses [3]. Erectile dysfunction is not a common finding. Ultrasonography (US) and magnetic resonance imaging (MRI) are two major imaging techniques to investigate the penile pathologies when clinical manifestation, and findings of physical examination and laboratory tests, cannot depict the diagnosis [3,4]. This report presents a patient with nonsmall cell carcinoma of the lung and distant metastases which were all

diagnosed following admission to our urology department with erectile dysfunction. The patient had atypical clinical and radiological findings.

### Case Report

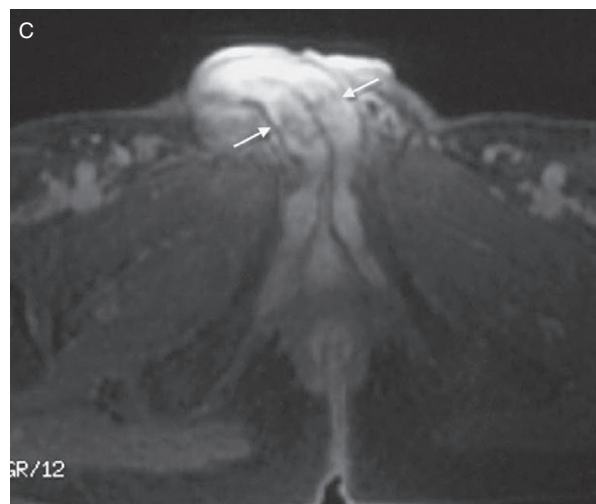
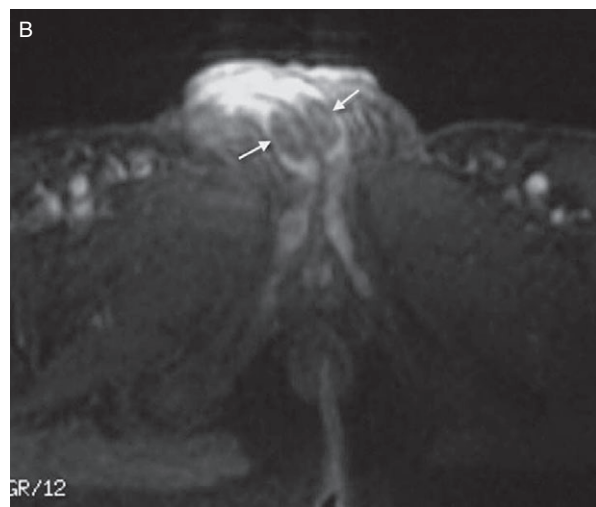
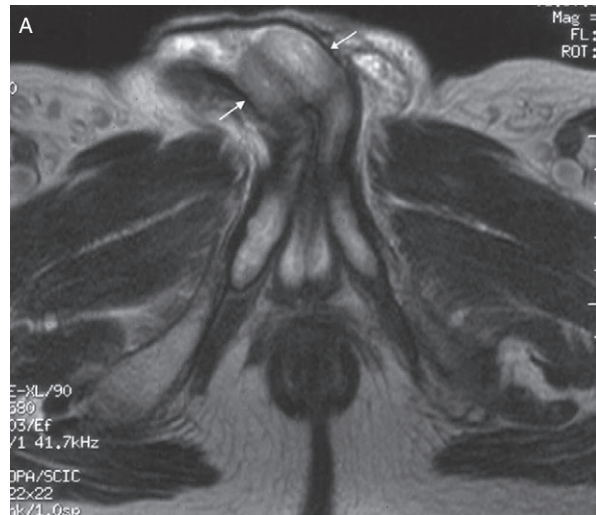
A 57-year-old man visited the Department of Urology complaining about erectile dysfunction with a history of 1 to 2 months. Detailed interviewing revealed that there was no change in his sexual desire, but there was loss of erectile function that had gradually progressed, resulting in the eventual complete loss of the occurrence of penile erections. The patient's International Index of Erectile Function score was 7 (severe erectile dysfunction). He also complained about left hip pain



**Figure 1** Longitudinal sonographic view of the corpora cavernosa shows areas of slightly increased echogenicity (arrows).

which had occurred just before the loss of penile erection. There were no remarkable findings in his medical history. On physical examination, there was a rigid, smooth, immobile, and painless mass at the base of the corpora cavernosa. US showed an expansion in the base of the corpora cavernosa with slightly increased symmetrical echogenicity, but there was no mass with distinct margins (Figure 1). MRI was performed to delineate the nature of the lesion. On T2-weighted images, there were slightly hypointense areas with diameters of  $2 \times 2$  cm in both corpora cavernosa with minimal expansion (Figure 2). Postcontrast early phase images demonstrated hypointense symmetrical lesions with smooth margins and the lesions were heterogeneously enhanced on late-phase postcontrast images (Figure 2). As radiological findings could not lead to a certain diagnosis, complete surgical resection of the mass was planned. During surgical view, an infiltrative and irregular area that did not have distinct margins was seen. As the lesion could not be resected completely, biopsy of the corpus cavernosum penis was performed, which provided a histological diagnosis of metastatic malignant epithelial tumor consistent with

nonsmall cell carcinoma. A plain chest radiogram showed a mass with spiculated margins in the left hilar area. Computed tomography (CT) scans of the thorax demonstrated that the  $8 \times 5$ -cm sized



**Figure 2** On T2W axial magnetic resonance image (A) there are slightly hypointense areas in both corpora cavernosa with minimal expansion (arrows). There is no distortion of contour of the corpus cavernosum. On contrast enhanced dynamic scanning, the mass enhanced gradually. Postcontrast early phase image (B) demonstrates the hypointense lesion with smooth margins. The lesion is heterogeneously enhanced on the late-phase postcontrast image (C) (arrows).

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