



PATIENT NEGLECT RESULTING IN RAPIDLY PROGRESSING CARCINOMA CUNICULATUM

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ABSTRACT: *Carcinoma cuniculatum is a high differentiated squamous cell carcinoma. It is diffuse and local destructive growing pattern can sometimes lead to impressive tissue destruction and subsequent mortality. Clinically it can be mistaken for benign entities like Pyoderma vegetans. For correct diagnosis and good treatment outcome, a correct and early diagnosis is urgent. A patient case is presented, where patient delay and insufficient patient history resulted in misdiagnosis and a fatal treatment outcome.*

KEYWORDS: Carcinoma Cuniculatum, Human Papillomavirus, Patient Neglect, Pyoderma Vegetans

INTRODUCTION

Patients consulting their doctor long after symptoms have appeared is seen every day at larger University hospitals. Often, patients may be embarrassed of their symptoms, suffer from one more comorbidity, or may have a lack of resources that result in a delay in consulting their doctor. Further, a patient delay in contacting the doctor can result in a delayed or wrong diagnosis with a fatal prognosis, as illustrated in this case report.

Case Report

A 55-year-old male caucasian patient was admitted to the dermatology unit due to a tumor formation within the groin and abdominal area. He had no past medical history. The tumor had first appeared as a small ulcer in the right groin two years prior to the admission. The ulcer had kept growing, and it was no longer possible for the patient to bandage the wound with commercial wound products, which he had bought on his own initiative without first consulting a medical doctor. Despite the corpus penis just remained in fragments, he reported well functioning voiding. However, he complained of discrete pain and was embarrassed from a foul smelling odour from the ulcer.

Within the dermatological examination, an exophytic tumour mass with verrucous, nodular surface was apparent in the groin and the lower abdomen. The base of the corpus penis remained in fragments and massive ulcerations were seen in the perineal area (**Fig. 1a, b**).

The laboratory blood test revealed mild microcytic anaemia (Hemoglobin: 12,1 g/dl, Norm. ≥ 13 g/dl, MCV: 75 fL, Norm. 80-100 fL), leucocytosis (10,7 G/l, Norm. 4,0-10,0 G/l) and slight elevated CRP level (2,0mg/dl, Norm. 0,0-1,0mg/dl).

Clinical differential diagnosis initially included pyoderma gangraenosum and pyoderma vegetans. Punch biopsies also confirmed the primary suspicion for pyoderma vegetans. Nevertheless, a wide surgical excision to the fascia with subsequent mesh graft closure was performed (**Fig 1c**). The subsequent histopathological examination revealed the presence of human papillomavirus type 18 (HPV-18 in the specimen, and showed malignant tissue changes compatible with carcinoma cuniculatum. Approximately one year after excision, the patient died due to progressive cancer disease.

DISCUSSION

Carcinoma cuniculatum is a high differentiated squamous cell carcinoma [1]. It shows a slow growing rate but can lead to diffuse infiltration of the bones and muscles, which increases its mortality [2, 3]. It can clinically be mistaken for benign entities like pyoderma vegetans [3]. HPV is found in approximately 40% of penile carcinomas, which role remains a matter of debate [1, 2, 4]. There are some issues regarding the nomenclature, as terms like carcinoma cuniculatum and verrucous carcinoma are often used synonymously [1].

The presented case is an example of how a cancer involving the genitalia can be embarrassing for a patient to present at the doctor's clinic, which resulted in fatal neglected cancer.



Figure 1: Clinical manifestation of the exophytic tumour mass with impressive tissue devastation (a, b). After wide excision to the fascia before mesh grafting (c).



Conflicts of Interests

The authors declare no conflicts of interest.

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