



Penile self-amputation

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A 75-year-old widower with a history of depression was admitted because of an 8-week history of genital bleeding. He lived alone; he had no history of major medical or surgical conditions, and was being treated with antidepressants since his wife died about 5 years earlier. The physical examination revealed the absence of penis with minimal bleeding from the penile stump (Fig. 1). Three years earlier, the patient had noticed the occurrence of an ulcerative lesion at the root of the penis, which had widened and had led to a spontaneous amputation of the organ. Due to shame, he had not revealed this event even to his doctor. A total body computed tomography showed pathological lymph nodes in the groin and extensive hepatic metastases. The patient underwent biopsy of the penile ulcer and the histological examination confirmed the diagnosis of a spinocellular epithelioma.



Fig. 1 The image showed amputation of the penis with minimal bleeding from the penile stump

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Penile cancer develops as a painless process, and its most common presentation is ulcer over the glans or prepuce, rarely it occurs on the penile shaft [1], but its diffusion until the self-amputation is a rare occurrence both because it is noticed early on by the patient, and because of the presence of an anatomical barrier constituted by the Buck's fascia that prevents a rapid dissemination. Surgery, radiotherapy and chemotherapy lead to a survival of around 52% at 5 years, but, in untreated patients, it decreases to 6% [2, 3]. In our case, chemo or radiotherapy was not indicated due to extensive metastases of the liver, so palliative care was given, but the patient died a few weeks after the formal diagnosis was made.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Statement of human and animal rights This article does not contain any studies with human participants and animals performed by any of the authors.

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