Evidence-Based Management to Optimize Oncological Outcome: the Need of the Hour!

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Respected Sir,

We read with interest the article titled “Pathological fracture of the femur by metastatic carcinoma penis—a rare presentation” by Hussain et al. [1]. Penile carcinoma is rare and even rarer is its metastatic presentation. The author has mentioned they have performed bilateral ilioinguinal lymphadenectomy but does not mention why it was done, although the HPE report shows none of the nodes were metastatic. Did they use the 3-week course of antibiotics prior to inguinal node dissection or had a fine needle aspiration cytology (FNAC) from the nodes? Most of the penile carcinomas are known to have local recurrence within 2 years of primary treatment. At the time of recurrence, a full metastatic workup is recommended. The authors found a lung metastasis on X-ray but did not investigate the lesion further. A computed tomography scan of the thorax along with FNAC from the lesion would have ruled out a lung metastasis or the possibility of a second primary tumor, which could have altered the management of the patient. A bone scan would have further ruled out other bony sites of lesion. Failure to complete metastatic workup can lead to seri-

ous errors in patient management [2]. In symptomatic bony metastasis with pathological fracture, the primary aim is to reduce pain while the secondary aim is to stabilize the fracture. In the absence of medical contraindication or in cases where life expectancy is not limited, surgery is the choice of treatment. Internal fixation is the treatment of choice when femoral diaphysis is involved. The tumor should be debulked and the cavity filled with methacrylate before internal fixation. Has the author done this? Treatment of bony metastatic lesion needs to be individualized. Since the patient was young, with favorable histology of the primary tumor with absence of visceral metastasis and a good progression-free survival of 1.5 years, the option of resecting the metastatic bony lesion with curative extent along with prosthetic reconstruction could have been reasonable in the case [3]. However, such an option entails higher cost and needs more expertise which may not always be available in our country. Since prophylactic internal fixation is easier than treating a fractured bone, this concept needs serious attention when treating cases with favorable factors like the one reported by the authors. Mirels developed a scoring system to diagnose bones at risk of impending fracture which can be applied in cases similar to this. Also, the author should have done proper literature search before labeling the case as “the first case being reported.” A simple Google search revealed that two similar cases have been reported in 2015 by Braumann et al. [3]. Also, the image given in the text shows that the chest X-ray has been uploaded in the wrong orientation (the heart apex points toward the right). Also, the X-ray of the femur has perhaps also been uploaded upside down as the greater and lesser trochanter is shown inferiorly. The authors need to be more careful in these technical aspects. Further management of such patients requires radiotherapy to the entire bone along with systemic bisphosphonate therapy. In conclusion, management of bony metastasis requires multimodality therapy. Treatment outcome

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will be optimal only when evidence-based treatment protocols are followed and tailored to the patients' needs.

Compliance with Ethical Standards

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

References

1. Hussain S, Solanki FS, Sharma DB et al (2016) Pathological fracture of the femur by metastatic carcinoma penis—a rare presentation. *Indian J Surg* 78:149–150
2. Beauchamp CP (2000) Errors and pitfalls in the diagnosis and treatment of metastatic bone disease. *Orthop Clin North Am* 31:675–685
3. Braumann L, Tsagozis P, Wedin R, Brosjö O (2015) Femoral metastasis from penile carcinoma: report of 2 cases. *Case Reports in Urology* 2015:583851. doi:[10.1155/2015/583851](https://doi.org/10.1155/2015/583851)