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PENILE CANCER IN GRODNO REGION: DIAGNOSTIC DELAY AND HIGH MORTALITY – A CASE SERIES OF 22 PATIENTS.

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Relevance. Penile cancer is a rare malignancy with high mortality when diagnosed late. Social stigma, diagnostic confusion with benign conditions, and non-specific presentations often delay treatment. This case series examines the clinical spectrum, diagnostic challenges, and outcomes of penile cancer in a regional cohort.

Aim: to describe the clinical presentation, diagnostic pitfalls, treatment modalities, and survival outcomes of 22 patients treated for penile cancer at a tertiary center in Grodno, Belarus (2020-2024)**.**

Materials and methods. Retrospective case series of 22 male patients (aged 35–90 years) diagnosed with malignant neoplasm of the penis (ICD-10 C60). Data on demographics, tumor location, histology, lymph node metastasis, treatment, and survival status as of January 2025 were analyzed.

Results and their discussion. The majority of tumors were located on the glans (14 patients), with large cell keratinizing squamous cell carcinoma being the predominant histology (17 patients). Lymph node metastasis was present in 10 patients (45.5%), including bilateral inguinal and obturator involvement. Comorbidities were highly prevalent (19 of 22 patients). Diagnostic challenges included penile cancer mimicking Peyronie's disease, leukoplakia with paraneoplastic syndrome, and locally advanced disease with abscess formation. Overall survival was 50% (11 patients deceased by January 2025). Surgical treatment included total penectomy (9 patients), partial penectomy (7 patients), and lymph node dissection, with adjuvant chemotherapy and radiotherapy in advanced cases.

Conclusions. Penile cancer carries a 50% mortality rate in this regional cohort, underscoring that locoregional and metastatic disease remain fatal with late diagnosis. Diagnostic confusion with benign conditions contributes to treatment delay. Heightened clinical suspicion, early biopsy, and multidisciplinary management are essential to improve outcomes.