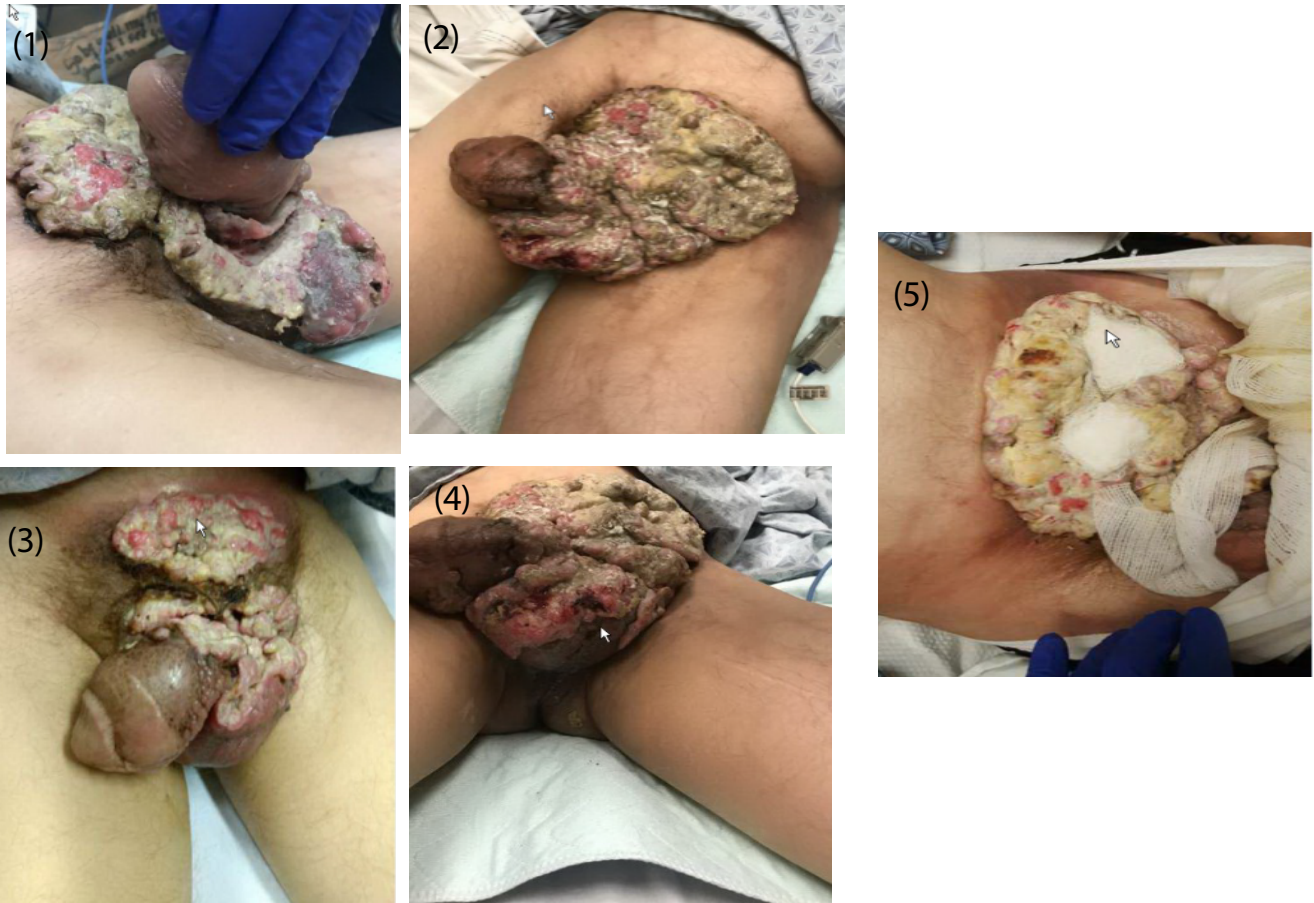


Clinical-Medical Image

## Fungating Stage-4 Penile Squamous Cell Carcinoma

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**Figure 1:** Stage-4 penile squamous cell carcinoma  
**Figure 2:** Shows polylobular tumour located in the hepatic portal region.  
**Figure 3:** Stage-4 penile squamous cell carcinoma.  
**Figure 4:** Stage-4 penile squamous cell carcinoma.  
**Figure 5:** Pelvic involvement in stage-4 penile cancer.

**Keywords:** Medical; Carcinoma; Cell; Radiotherapy; Cancer

### Clinical-medical Image

The patient is a 46-year-old male with past medical history significant for stage-4 squamous cell carcinoma of the penis. He had been treated with multiple cycles of radiotherapy and chemotherapy with cisplatin for 3-4 weeks, with subsequent addition of 5-fluorouracil for better efficacy. Patient eventually became non-compliant with radiotherapy and chemotherapy, and decided to stop attending follow-up office visits with his oncologist. He had not been feeling any pain during the time of increasing growth

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of the cancer. He was admitted to the hospital for neutropenic fever with altered mental status and exhibited a sun downing effect consistent with delirium. Basic metabolic panel revealed hypercalcemia with normal sodium levels, implicating hypercalcemia of malignancy as the etiology of his confusion. His physical exam was remarkable for extension of the penile cancer deep into the pelvis with pelvic disfigurement, as well as dry oral mucosa, decreased skin turgor, sunken eyes, and low urine output. His mental status improved upon administration of IV normal saline, IV haloperidol, and reversal of sun downing through bright light therapy and music therapy. Given the poor prognosis of the patient, a discussion about hospice care took place, and the patient was agreeable to hospice care (Figures 1-5).