Seborrheic Keratosis of Penis

ABSTRACT

Seborrheic keratosis (SK) of the penis is a rare entity. It is usually mistaken as a genital wart. It should be considered in a differential diagnosis of pedunculated lesions of the penis. The histopathology after shave excision will be diagnostic.

Keywords: Penis, Seborrheic keratosis, Shave excision, Split-thickness skin grafts.

INTRODUCTION

The genital organs of the male human body are prone to a variety of infective diseases, which include bacterial, viral, fungal, and protozoal. The infective rate of these diseases increases manifold depending on the sexual activity and immune status of the individual.

The most common viral disease in genital organs is condyloma accuminata caused by human papilloma virus (HPV). This virus involves the skin as well as mucosa of the genital organs. There are various other noninfectious lesions of the genital organs. Seborrheic keratosis is one of rare noninfectious benign diseases of the penis.

We report a rare case of seborrheic keratosis (SK) of the penis, which can cause a diagnostic dilemma.

CASE REPORT

A 45-year-old male presented with large multiple pedunculated growth with itching on the penis for last seven years. Seven years earlier, the patient had fever followed by the development of single pedunculated lump on the prepuce, which gradually increased to involve the whole of the penis. He consulted many doctors and was given symptomatic treatment that relieved itching only. There was no history of pain. The patient was not able to have intercourse for last 6 ½ years.

The wife did not complain of any such lesion on her sexual organs and was found normal on examination by a gynecologist. On examination of the patient, there were multiple pedunculated lesions on the whole of the penis with an average size of 1.5 cm (Fig. 1). The patient was able to urinate through a slit-like opening without having any difficulty in passing urine. The scrotum was not involved.

The initial diagnosis of condyloma accuminata, filariasis was labelled and the patient was investigated.

The complete hemogram, liver function test, renal function test, electrocardiogram, chest X-ray, and urine examination were found to be within normal range.

The patient was taken up for surgery, and shave excision of the penile skin along with the lesion was done under general anesthesia. The whole skin of the penis was excised up to the base of the penis. The mucosa of the penis was normal.

The denuded shaft of the penis was grafted with split-thickness skin grafts (STSG) taken from the right thigh of the patient. Foley’s catheter was indwelled. Excised tissue was sent for histopathological examination. Postoperative treatment included antibiotics, supportive drugs, and other measures to keep the grafted penis healthy.

Histopathological examination of tissue was reported to be SK (Fig. 2).

Postoperative period was uneventful and the patient recovered well (Fig. 3).
Follow-up

On 2 months follow-up of the penis shape and size, it was found in order. The patient had a satisfactory erection and sexual activity.

DISCUSSION

We did a PubMed Medline search with the keyword SK, penis, warts and found only three reports of SK on the penis.

Stern et al\(^1\) reviewed 527 lesions of SK and found genital involvement in only 2% but the gender has not been specified in the study and also reported 49% accuracy by the clinicians who diagnosed SK.

Seborrheic keratosis occurs after the third decade and affects only hair bearing skin, invariably sparing the mucosal surfaces, the palms, and the soles.\(^2\) They can manifest as macules, papules, plaques, or polypoidal lesions depending on the stage of the development.

There are reports of HPV\(^3-5\) in SK-like lesions but it has also been reported that these lesions with HPV are actually condyloma acuminata.

The treatment of SK includes shaving excision, curettage, cryotherapy by liquid nitrogen, trichloroacetic acid application, electrodessication, and carbon dioxide laser ablation.\(^2\) We did complete shave excision of the penile skin.

CONCLUSION

The penis is rarely affected by SK. Seborrheic keratosis should be considered in the differential diagnosis of the lesions of the penis and histopathology after shave excision will provide the final diagnosis.

REFERENCES