Large urethral stone impersonating as penile cancer

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DESCRIPTION

An 80-year-old male chronic smoker presented with dysuria—frequency, poor flow and urethral discharge of blood mixed with pus of 2 weeks’ duration. The patient also reported hardness on penile surface while voiding. A local examination showed a bulky penis rigid in consistency (figure 1). Prepuce was not retractable. The penile skin, bilateral testis, base of the penis and groin region were normal. Routine work up was within normal limits. An abdominal ultrasound showed the abdomen was grossly normal. The patient was suspected of having penile cancer and counselled for penile dorsal slit and tissue biopsy for diagnosis. Under penile block, dorsal slit prepuce incision was given. To our surprise, a hard stone was visualised grousching from the urethral meatus (figure 2). The patient was explained the status and agreed to stone extraction. After ventral meatotomy incision was given, the stone was grasped and freed from urethral mucosa. Piecemeal extraction was done in view of bulk of the stone (figure 3). Meatotomy was refined using...
Images in...

Monocryl 4-0 sutures (figure 4). Urethral stones account for <1% of kidney stones. It may present with penile gangrene. A large urethral stone may rarely mimic penile cancer but one should be cognizant of this entity during evaluation.

On follow-up, the patient is asymptomatic and voiding well.

Acknowledgements We sincerely thank the patient for being cooperative during treatment and consenting for use of images for publication.

Contributors AT and KMP: initial concept, data collection, draft and editing. SS: images editing. SK: critical comments.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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