Giant penile elephantiasis after circumcision: a devastating complication

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DESCRIPTION

A 45-year-old man presented with a history of circumcision carried out a year ago owing to phimosis. One week after the circumcision he developed a small nodular swelling over the corona that had gradually increased in size. He also had

intermittent fevers and tenderness for the last month before presentation. Physical examination showed involvement of the whole glans and the distal penile shaft by swelling, which was firm to soft in consistency, meatus was buried in swelling and inguinal nodes were not palpable (figure 1A, B).

Figure 1 Swelling involves glans and distal shaft: (A) dorsal view and (B) ventral view. (C) Buried meatus seen after dorsal split. (D) Denuded penis after excision of skin and subcutaneous tissue and (E) final appearance of penis after application of split skin graft.

Figure 2 MRI showing soft tissue thickening and loss of fascial planes in glans and penile shaft, normal corpora cavernosa and spongiosa: (A) coronal view. Transverse section at the level of (B) glans, (C) corona and (D) distal shaft.

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Figure 3 Histopathology showing (A) oedematous stroma (long arrow) and inflammatory cells (small arrow), (B) fibrosis (long arrow) and epidermis (small arrow), and (C) microabscesses (long arrow) and stromal oedema (small arrow).

Routine blood investigation, urine microscopy and culture, and chest X-ray were within normal limits. Peripheral blood smear for microfilaria and ELISA for microfilarial antigen were negative. MRI was suggestive of soft tissue thickening and loss of fascial planes in glans and penile shaft (figure 2). He underwent excision of whole penile skin and subcutaneous tissue followed by split skin grafting (figure 1C–E). Histopathology revealed marked acute on chronic inflammation with fibrosis and stromal oedema (figure 3).

Lymphoedema of the external genitalia may be caused by infections, neoplasms, chronic inflammation or rarely congenital.¹ Congenital lymphoedema rarely have isolated involvement of external genitalia.^{1–2} Filariasis is the most common acquired cause.² Bacterial infection may lead to abscesses and sinus formation³ or lymphoedema² of the skin and subcutaneous tissue by involvement of the apocrine sweat glands with resultant hidradenitis suppurativa.² In initial stages when there is no permanent damage to the skin, lymphatics and subcutaneous tissue, conservative treatment may be tried² but in chronic conditions because of permanent pathological changes surgical procedure is required.²

Learning points

Elephantiasis of the external genitalia:

- ▶ May be caused by infections and chronic inflammation after iatrogenic trauma.
- ▶ In early stages conservative may be sufficient.
- ▶ In chronic conditions because of permanent pathological changes surgical procedure is required.

Competing interests None.

Patient consent Obtained.

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