A solitary verrucose pruritic plaque on the penile shaft

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DESCRIPTION

A 50-year-old man presented with a small solitary pink-to-skin coloured plaque of 1 year duration on his penile shaft. The surface of the plaque was verrucose and not inflamed (figure 1). The patient mentioned severe pruritus. He had recent sexual exposure and did not have any other lesions.

Penile dermatoses are of great concern to patients and inflict psychological trauma.1 A patient who presents for an evaluation of a penile lesion is probably anxious, embarrassed and afraid. One of his biggest worries is, no doubt, whether he has contracted a sexually transmitted infection and, if so, whether he has infected his partner.2 A general belief among patients and many physicians is that most penile dermatoses result from infections. Prompt recognition of these lesions helps to avoid damage to feelings and sexual relationships of patients.1

In this case the following differential diagnoses were proposed: Lichen simplex chronicus (LSC), because of its severe pruritus; Wart, because of its verrucose appearance; and Bowen’s disease, because of its scales.

Anogenital LSC (AGLSC) is a common condition seen by dermatologists. In a study in India, the frequency of AGLSC as a cause of anogenital pruritus was 2.54%. As that study showed, the most common site of involvement of LSC in male genitalia is the scrotum. As we see in practice, the Indian study also demonstrated that the penile shaft involvement of LSC is very rare (8.4%). So we could not be sure that the lesion was LSC, although it had severe pruritus.

Penile condylomas appear as papules or plaques and have a pebbled surface and are often the same colour as the surrounding skin. Large lesions may become pedunculated and cauliflower-like. Penile condyloma is the most common sexually transmitted disease.2 As our patient had recently had sexual contact and as, in the clinical examination, the lesion was verrucose we considered warts as the second differential diagnosis.

A biopsy was performed and the pathology examination revealed compact hyperkeratosis and psoriasiform acanthosis, which was characteristic for LSC (figure 2).

Learning points

▸ It is important to consider Lichen simplex chronicus (LSC) as a differential diagnosis for penile lesions and to not assume every penile lesion is a sexually transmitted disease.
▸ In cases of severe pruritus, if the penile lesion has a verrucose appearance, which could be misdiagnosed as warts, we should also consider LSC, because severe intractable pruritus is the hallmark of LSC and is present in almost all cases.3

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