Noninfectious Penile Lesions

Diagnosis of noninfectious cutaneous penile lesions is guided by the clinical presentation and appearance. But the tendency for benign lesions to mimic carcinoma can obscure the diagnosis. Can you distinguish between them?

Match the diagnosis to the photo by letter

a. Lichen sclerosus (balanitis xerotica obliterans)

b. Carcinoma in situ

c. Angiokeratoma of Fordyce

d. Seborrheic dermatitis

1. A 26-year-old man has had a penile lesion for at least 10 years without significant change or attendant symptoms. It consists of four 1-to-1.5-mm soft, compressible, purple papules, measuring about 8 mm in total. No other lesions are seen on the genitals or the body.

2. A 59-year-old uncircumcised man presents with a phimotic foreskin, which cannot be retracted without pain. Only a tiny remaining opening allows the patient to urinate (with difficulty). The surface of the foreskin is atrophic, dry, and shiny with focal areas of purpura but little, if any, redness or swelling.

Answers to last month's "Picture This" (*Clinician Reviews*. 2017;27[1]:49): 1b, 2d, 3a, 4c

3. A 31-year-old man has a relatively asymptomatic penile rash that has repeatedly manifested and resolved over a period of months. A round, papulosquamous, bright pink patch on the distal right shaft of his circumcised penis measures > 3 cm in diameter and has a shiny appearance with slightly irregular margins. A similar rash is seen behind both ears and in the umbilicus, and patches of dandruff are noted.

4. This circumscribed, inflammatory plaque on the glans penis was refractory to circumcision and local treatment and has remained stable for more than 20 years. Because of the lesion's unresponsiveness to circumcision and focal steroid infiltration, repeated biopsies were performed.

Case presentation and photograph for Figure 4 courtesy of *Cutis* (2000;65[6]:395-398). Copyright 2017 Frontline Medical Communications Inc.

For answers, see next issue; for discussion, go to

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