

Late Onset Phimosis in a Middle Aged Man

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Abstract

A 57 year old man presented to the surgical clinic with inability to retract the foreskin for the past 5 months, it began insidiously and had been progressive over the past 5 months. He reported no problems with urination. General examination was normal, but local examination of the genitalia revealed hypopigmentation and sclerosis of the prepuce which could not be retracted. A diagnosis of Phimosis secondary to probable penile lichen sclerosis was made and the patient was planned for a circumcision under local anesthesia. The dorsal slit method was used and dense adhesions were present between the prepuce and glans penis and extensive adhesiolysis was necessary to free the glans and expose the corona. Postoperatively the patient has experienced no complications and the post circumcision wound has healed well. Histopathology of the specimen was consistent with penile lichen sclerosis. The patient is scheduled for regular follow up due to an association with penile squamous cell carcinoma and this case report is written to raise awareness amongst numerous cadres performing Male circumcisions on the possible complications and the need for continued follow-up.

Keywords: *Phimosis; Glans Penis; Penile Lichen Sclerosis*

Background

Due to compelling evidence by the WHO which demonstrates that male circumcision reduces the risk of acquired HIV infection in men by approximately 60% [1], it has been identified as a reliable method of reducing the spread of the illness, thus country wide massive male circumcision campaigns take place all year round. This case report has been written to draw awareness of Penile Lichen Sclerosis to the many clinicians who are not urologists performing thousands of male circumcisions per year. This cadre ranges from General Surgeons, General practitioners, Clinical Officers, Medical Licentiates, Nurses etc.

This case report serves to highlight possible complications that may occur, the need for continued follow up after the procedure and the association with penile squamous cell carcinoma [2].

The unretractile hypopigmented foreskin must be approached with caution, as severe Penile Lichen Sclerosis may actually require extensive surgery, with procedures ranging from glans resurfacing with grafting to complete degloving with or without split skin grafting [2], thus preoperative counselling must include these possibilities. Patients with urethral lesions may develop urinary retention due to urethral stenosis which may be severe enough to cause retrograde damage to the posterior urethra, bladder and kidneys [2]. Lastly but not the least these specimens must be subjected to histopathological analysis due to an estimated risk of malignant transformation standing at 4 - 8% [3].

Case Presentation

The patient presented with a total inability to retract the foreskin and hypopigmentation of the prepuce. His past medical history was non-revealing, he denied smoking but was an occasional drinker of dark beer in the past, he had no knowledge of a similar condition in his first degree relatives.

The patient was counselled preoperatively on the need for circumcision and also on the progressive nature of the illness. A complete blood count conducted preoperatively revealed a hemoglobin of 11,9 g/dl.

Circumcision was performed under local anesthesia via the dorsal slit method, dense adhesions were present between the prepuce and glans penis and extensive adhesiolysis was necessary to free the glans and expose the corona to enable the completion of the circumcision.

Postoperatively the patient has experienced no complications and the wound healed well. Histopathology of the specimen revealed consistent with Penile Lichen Sclerosis. The patient will be reviewed periodically to monitor progression of the disease.

Differential diagnosis

The diagnosis is usually clinical but the following may also be considered.

Balanitis (bacterial or fungal), Carcinoma *in situ*, Squamous cell carcinoma (early), Plasma cell balanitis, Lichen planus, Leukoplakia, Psoriasis, Balanitis circinata, Contact Dermatitis, Cicatricial pemphigoid, Fixed drug reaction and scleroderma.

Outcome

The patient has recovered well postoperatively with good wound healing and has been counselled on the need for periodic follow up.

Discussion and Conclusion

Penile Lichen Sclerosis formerly known as Balanitis Xerotica Obliterans is a progressive sclerosing inflammatory condition of unknown aetiology, its true incidence in Zambia and indeed worldwide is unknown, but various international studies have placed it at 0.07% [4] and 15% [5] respectively in patients seen at an outpatient facility and at a specialist penile dermatosis clinic.

In its mild form the disease presents with whitening or reddening of the glans penis, foreskin and coronal sulcus with induration of the glans and prepuce, thickening of the prepuce leads to either difficulty or total inability to retract the prepuce in uncircumcised males. It most commonly affects the glans penis and prepuce such that a sclerotic white ring at the tip of the prepuce is diagnostic. The frenulum, urethral meatus, fossa navicularis and penile shaft may become involved. Further progression causes the glans penis to become adherent to the prepuce with fibrous replacement of the coronal sulcus and frenulum, leading to phimosis. Urethral stenosis may occur in patients with urethral lesions urethral lesions, with urinary retention as a rare complication. Urinary retention may be severe enough to cause retrograde damage to the posterior urethra and to the bladder and kidneys.

Complications arise from progressive sclerosis and include phimosis, painful erection, reduced urinary flow and urinary retention.

Regarding its association with penile SCC a retrospective study from Oxford found histological or clinical evidence of lichen sclerosis in 11 of 20 patients with penile SCC [6].

Take Home Message

The male adult with a hypopigmented unretractile foreskin seeking attention may have Penile Lichen Sclerosis, should surgery be necessary the patient must be made aware of the possible outcomes of the procedure with the most extreme outcome being a partial penectomy. The foreskin must be sent for histopathology after the procedure and the patient must be followed up for possible progression of symptoms.

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