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CASE REPORT

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ABSTRACT

Introduction
Cutaneous horn over the penis presents as a conical, hyperkeratotic nodule which is usually nontender and benign but may be premalignant or malignant. It is a rare entity with only a few hundred cases reported worldwide. Histopathology is the investigation of choice. Surgery is the treatment of choice.

Case Report
We present the case of a 50 yr old male with a history of recurrent multiple penile horns underwent wide local excision. Histopathologically it was proved to be a benign lesion.

Conclusion
Penile horn is a rare and fascinating clinical entity which is a source of significant morbidity to the patient.

Key words:
penile horn, cutaneous horn, hyperkeratosis, micaceous balanitis

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INTRODUCTION

The Penile horn is a clinical term that describes protruding hyperkeratosis produced by unusual cohesiveness of keratinized material, conical in shape and usually with a bulging erythematous base.1 Cutaneous horns have been described at various sites throughout the body out of which penile horn is probably the most unusual site. This is just a morphological entity. The first case was reported in 1854, but since then just a little over 150 cases are reported worldwide. Chronic irritation is one of the proposed mechanisms as this condition is seen in men with phimosis but the cases have been seen in circumcised men too. They are usually single but multiple penile horns can be seen too. The condition may be recurrent and cause a significant morbidity. [2]

Case Report

We present the case of a 55 yr old male who presented with a painless growth over the glans penis for the last 6 months. He had a similar growth over the glans seven years back which was operated at a regional hospital. There was no history of itching or discharge from the lesion. The patient denied any history of unprotected sexual intercourse outside marriage. The general physical examination was unremarkable. Biochemical and hematological examinations were within normal limits. No abnormality of the prepuce was seen. On the left side of the glans there was a yellowish green triangular penile horn with blackish discoloration in between, involving the coronal sulcus and the adjoining penile shaft, about 2.5x 2.0 cm in size.

FIG.1 Penile Horn Before Excision
The lesion was non tender, rough and hard to touch. The patient had undergone excision of similar lesion seven years back so wide local excision of the lesion was done and the specimen sent for histopathological examination which showed features consistent with cutaneous horn. No foci of dysplasia or carcinoma were seen. The wound was left open to granulate. The patient has been in continuous follow up and no local recurrence is seen after two years of follow up.

DISCUSSION

Cutaneous horns are the nodules of keratin projecting over the skin. An elderly welsh women had a cutaneous horn so she was put on display as nature’s anomaly in London in 1588. Penis is the most unusual site for the cutaneous horn.[3] The penile horns are considered to be a premalignant condition by some as this condition is seen in males usually in their fifties when most of the premalignant conditions for penile cancer are seen, but on the other hand, As reported by Lowe &McCullogh, the condition may be benign in 42–56% of cases, premalignant in 22–37% or frankly malignant in 20–22%.[4] Although the exact cause of this condition is not well known but chronic irritation, phimosis, radiotherapy and surgery are implicated. Common diseases associated with penile horns are common warts, Condyloma acuminata, Molluscum contagiosum, Human papiloma virus, Hemangioma, Keratoacanthoma, Castleman disease, Benign hyperplastic epithelium, Arsenical keratosis, Pseudoepitheliomatous micaceous balanitis.[2] Penile horns present as elongated, keratinous, white or yellowish projections over the glans penis which are usually not tender but may be painful if associated with malignancy. They are either incidentally detected while treatment or the patient seeks treatment for disfiguring condition of the penis or difficulty in sexual intercourse. Usually they are longer than broad. They are usually single but may be multiple too.[5] Histopathological evaluation is the definitive method of diagnosis. Histopathologically they could be benign, premalignant or malignant.[6] MRI may be helpful in seeing the level of invasion or the proximal extent of malignant lesions.[7] Kaposi removed the cutaneous horns by simple excision and cauteration of the papillary base.[8] Other methods of removal are electrosurgery, laser and cryosurgery. But since they alter the histopathological picture of the tissue they are not preferred. [2] The lesion can be removed with a wide margin if the lesion is suspected to be malignant. In case the malignancy is proved then partial or total penectomy with urethral diversion and perineal urethrostomy is the treatment of choice.[9]

CONCLUSION

Penile horn is a rare condition. It may be the external presentation of the underlying malignancy but the recurrence is common even in benign conditions. The condition is a reason for significant morbidity to the patient. Wide local excision with histopathological examination should be done to rule out malignancies.

Author Contributions

Rajesh Chaudhary – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published.

Somraj Mahajan – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published.

Ankit Shukla – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published.

Suman Singh Chandel- Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published.

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