

CASE REPORT

Giant Seborrhic Keratoses on Penis

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ABSTRACT

Introduction. Seborrhic keratoses are very common benign epidermal tumors. Despite the high frequency, the pathogenesis is still unknown. They are extremely rare in the genital area. The participation of human papilloma viruses (HPVs) in pathogenesis of seborrhic keratoses is being discussed.

Aims. The aims of this case report are to inform about extremely rare lesion in genital area in a young man and evaluate the association of HPVs in the development of seborrhic keratoses.

Methods. We used histopathological examination to establish the correct diagnosis, which revealed signs of seborrhic keratosis. The real-time polymerase chain reaction method confirmed low-risk HPV 6 from the lesions.

Main Outcome Measures. HPVs may play a role in pathogenesis of seborrhic keratoses.

Results. The patient was successfully treated with shave excision under spinal anesthesia. Six-month follow-up was without any recurrence. We suggest that HPVs can be considered as etiologic factor in creation of seborrhic keratosis.

Conclusions. Seborrhic keratoses are very common on sun-exposed skin, but they are rare in the genital area, such as on the shaft of penis. This localization may lead to misdiagnosis. Seborrhic keratoses in genital area might negatively influence the sexual life of the patient. Containing HPV 6 low-risk virus, they never lead to malignant transformation. **Part M, Švecová D, Brezová D, and Breza J. Giant seborrhic keratoses on penis. J Sex Med 2014;11:3119–3122.**

Key Words. Seborrhic Keratoses; Penis; Low-Risk HPV 6; RT-PCR Method; Dermatologic Lesions of the Penis

Introduction

Seborrhic keratoses are very common benign epidermal tumors. They usually occur in patients over 50 years of age [1]. Despite the high frequency, the pathogenesis is still unknown. Sun exposure, skin phototype I and II, and family predisposition are considered as risk factors. Seborrhic keratoses are more prevalent in individuals with skin phototype I and II. The participation of human papilloma viruses (HPVs) in pathogenesis of seborrhic keratoses is being discussed [2]. Sun-exposed skin of face and trunk are common site for seborrhic keratoses; however, in genital area, especially on penis, they are extremely rare [3]. Due to the localization in the genital region, the specialists might misdiagnose the lesion as condy-

loma acuminatum. A careful histopathological examination is essential to establish the correct diagnosis [4].

Aims

The aims of this case report are to inform about extremely rare lesion in genital area in a young man and evaluate the association HPVs in the development of seborrhic keratoses.

Methods

A 33-year-old man presented to department with giant masses on the base of the penis shaft (Figure 1). The disease started 8 years ago with a



Figure 1 Seborrheic keratoses on the base and shaft of penis

small brown papule on the base of penis. The papule gradually increased in size and number resembling mainly condylomata acuminata and to a lesser extent seborrheic keratoses. The patient was healthy and did not suffer from any immunosuppressive conditions. The lesions were painless and dry without any fetor. Regarding the epidemiological history, both of couple said to live in straight monogamy without any sexual promiscuity in both of married couple. Examination on human immunodeficiency virus, syphilis, hepatitis B, and hepatitis C proved negative.

Physical examination revealed one large lesion on the base of penis and numerous small lesions on the penis shaft. The lesions were 10 × 8 cm and 1–4 cm in size.

All lesions were of brown color and well demarcated with papillomatous and verrucous surface. The patient was deeply frustrated because of the absence of sexual intercourse with his wife for several years after manifestation of the lesions. His wife was free of symptoms confirmed by gynecologic examination.

We used histopathological examination to establish the correct diagnosis and real-time polymerase chain reaction (RT-PCR) method to evaluate the presence of HPV in the lesion.

Main Outcome Measures

Low-risk HPV 6 was identified from excised sample using RT-PCR method.

Results

The patient underwent shave excision under spinal anesthesia. The diagnosis was confirmed histo-

pathologically using hematoxylin-eosin staining. Microscopically, the lesions appeared as basal cell papilloma with typical papillary structure and keratin pearls composed of small slightly elongated epithelial cells with accumulation of the brown pigment melanin accumulation in cytoplasm (Figure 2). Low-risk HPV 6 was identified from excised sample using RT-PCR method. Wounds after excision healed per secundam without skin flaps. No recurrence was observed during 6-month follow-up.

Conclusions

Seborrheic keratoses are very common epidermal tumors of benign origin. They can occur on various cutaneous location, mainly on the sun-exposed skin of trunk and face. The palms and soles are never affected, the genital region only very rarely. Seborrheic keratoses mostly affect people over 50 years of age, whereas young individuals are affected very rarely [1,3,4].

Despite the high number of cases of seborrheic keratoses, the pathogenesis is still not completely understood [2]. Some authors believe in genetic predisposition and somatic mutations of particular genes, which lead to the formation of seborrheic keratoses after sun exposure. It is not exactly known which molecular or functional mechanism is responsible for pathological changes leading to seborrheic keratoses [2]. It has been suggested that HPVs could play role in the pathogenesis of seborrheic keratosis. The causal relationship is controversial. Tardío et al. [5] studied the relationship

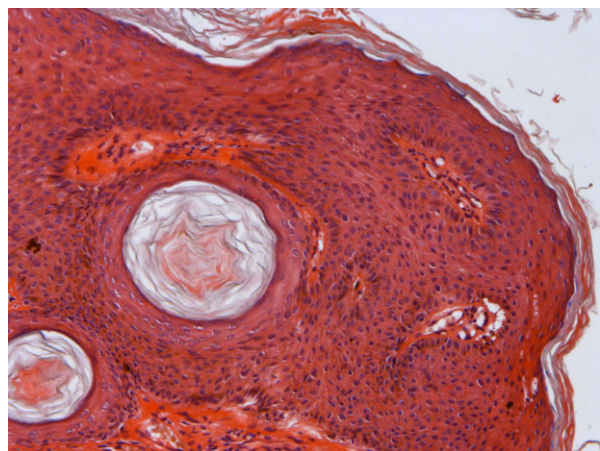


Figure 2 Histopathologic picture: basal cell papilloma (hematoxylin and eosin staining)

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