



INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

GLANS PENIS TUBERCULOSIS : A RARE PRESENTATION

O El Anzi (1) - S Maouni (2) - I Boualaoui (3) - M Meziane (2) - B Hassam (4)

Chu Ibn Sina, Dermatology And Venerology, Rabat, Morocco⁽¹⁾ - Chu Ibn Sina, Dermatology, Rabat, Morocco⁽²⁾ - Chu Ibn Sina, Urology A, Rabat, Morocco⁽³⁾ - Chu Ibn Sina, Dermatology, Rabat, Morocco⁽⁴⁾

Background: Genitourinary tuberculosis (TB) is a common site for extra pulmonary tuberculosis. But tuberculosis of the penis is an extremely rare entity with few cases described in the literature. It may present as primary or secondary to Pulmonary TB (PTB). Penile TB mimics carcinoma penis, granulomatous penile ulcer, genital herpes simplex, granuloma inguinale and HIV infection.

Observation: A 43-year-old man presented with complaint of a long-standing, non-healing lesion over his genitalia for last 13 months. Initially there was an erythematous nodule that gave rise to multiple ulcers over the glans penis and around the urethral meatus. He denied extramarital sexual contact or dysuria.

He had no history of any loss of weight in the recent past. He had been vaccinated with BCG vaccine at birth. He had tried different treatment modalities without any response.

On examination of the penis, there were multiple shallow ulcers, some of them confluent, with undermined edges and yellow granulomatous indurated base over the glans penis.

There was bilateral inguinal lymphadenopathy. Hematological and biochemical examination did not reveal any abnormality.

A Laboratory test for syphilis and serology for HIV were negative. A biopsy was performed from the ulcer edge, Hematoxylin and eosin stained histology sections revealed intense granulomatous infiltrate with Langhans giant cells and caseation necrosi. Radiological investigations including X-ray chest and ultrasound of the abdomen, to find any collateral evidence of TB, were normal. Gynecological examination and screening of his wife showed no evidence of genital TB. The patient was prescribed category I antitubercular therapy (ATT) for six months that resulted in complete resolution of lesions with atrophic scarring.

Key message: Any chronic non-healing ulcer over the penis should arouse a suspicion of tuberculosis, especially in an endemic country like Morocco.





