



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

ULCERATED ERYTHEMATOUS PLAQUE ON THE GLANS PENIS

Af Monteiro⁽¹⁾ - F Gil⁽¹⁾ - M Rato⁽¹⁾ - I Andrade⁽²⁾ - J Cabeçadas⁽³⁾ - E Tavares⁽⁴⁾

Hospital De Santarém Epe, Dermatovenereology Department, Santarém, Portugal⁽¹⁾ -

Hospital De Santarém Epe, Pathology Department, Santarém, Portugal⁽²⁾ - Instituto

Português De Oncologia De Lisboa Ipo, Pathology Department, Lisboa, Portugal⁽³⁾ -

Hospital De Vila Franca De Xira Epe, Dermatovenereology Department, Vila Franca De Xira, Portugal⁽⁴⁾

Background: Skin diseases of the male genitalia can be divided in three major areas: infectious, inflammatory and oncology diseases. Diagnosis rests on an accurate history, examination of the anogenital area and investigations to exclude, predominantly, sexually transmitted infections. In some cases, a biopsy may be necessary.

Observation: A 76-year-old uncircumcised man, history of diabetes mellitus type 2 and hypertension, presented with a 6-month history of an itchy plaque on the glans penis. He saw several physicians who prescribed anti-fungal and corticosteroid creams with no improvement. He referred extramarital unprotected sexual intercourse a few months before and denied pain, urethral discharge, fever, night sweats and weight loss. Clinical examination revealed a painless ill-defined erythematous infiltrated plaque, with a central ulceration measuring 1.3x1.0 cm, on the left side of the urinary meatus. There were no inguinal lymphadenopathies or testicular masses. Routine blood and urinary tests and urine culture were normal. Syphilis, hepatitis C and B and HIV serology were negative. The PCR assay was negative for detection of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* in urethral swab and urine specimen. An incisional biopsy was performed and the histopathological examination revealed a diffuse proliferation of CD20+, CD10- and MUM-1+ large cells, consistent with diffuse large B-cell lymphoma NOS, "non Germinative Center". The body CT scan and bone marrow biopsy showed no alterations. The treatment modality chosen by the cutaneous lymphoma multidisciplinary team was chemotherapy and local radiotherapy.

Key message: Lymphomas of the male genital account for lower than 5% of extra-nodal lymphomas. Testes are the most common location. Penile lymphomas are rare and involvement of the glans penis is even more uncommon. A definitive diagnosis is made through biopsy. Ultrasonography, CT scans and bone marrow biopsy should be done to rule out or confirm systemic disease.

