



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

## **VERRUCOUS XANTHOMA OF THE PENIS: A RARE FORM WITH PSEUDOCARCINOMATOUS BEHAVIOR**

*A S Chehad<sup>(1)</sup>*

*University Hospital Center Of Constantine, Dermatology, Constantine, Algeria<sup>(1)</sup>*

**Background:** Verrucous xanthoma (VX) is a benign tumor. Only 29 cases of penile localization have been described in the literature till now. VX has distinct clinicopathological features. Lesions can be flat or slightly raised, its color being pink, greyish or yellowish depending on the degree of keratinization. VX may mimic some malignant conditions such as verrucous carcinoma or squamous cell carcinoma. Histopathologically, aggregates of foam histiocytes in the papillary dermis, in association with verrucous epidermal acanthosis and hyperkeratosis, are the hallmark of this tumor. We present a rare case of VX localized on the glans behaving like a malignant tumor with two post-surgical relapses.

**Observation:** A 70 years old patient, referred to our skin department with a 5-year history of asymptomatic penile tumor. Two resections were performed previously, with post-surgical recurrences each time. On examination, there was a well defined, verrucous, pink to yellowish plaque scattered by some areas of erosion. The lesion was extended to all the glans with partial obstruction of the urethral meatus which necessitated an indwelling catheter. His biochemical parameters were within normal limits particularly lipid profile and serological test for sexual transmitted disease were negative. The former histopathology examinations showed features of VX, characterized by epidermal acanthosis with papillomatosis, parakeratosis without cytonuclear atypias; the papillary dermis contained an inflammatory infiltrate with foamy histiocytes. Hence, a larger resection to remove the entire lesion was then performed.

**Key message:** In this observation, although the history and clinical features were worrying, the histology allowed to reach a correct diagnosis. The treatment of VX typically involves a simple surgical excision. However, cases of recurrence have been described mainly when the lesion was not completely excised like in our patient.

