

Images in urology – Cutaneous horn of penis

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CASE REPORT

A 63-year-old Caucasian male presented to the urology clinic with a slow-growing, hard, painless lesion on his penis for two years. He had no discharge or itching and was circumcised. Clinical examination revealed a 2 cm hard, curved lesion, on the dorsal, mid-shaft of the penis (Figures 1, 2). There was no induration of the base and no palpable inguinal adenopathy. Clinically, this was consistent with a cutaneous horn.

He underwent wide local excision, with good cosmesis (Figure 3). Pathology (10x magnification) revealed atypical parakeratosis and full-thickness epidermal atypia (Figure 4), consistent with penile intraepithelial neoplasia 3, with negative margins.



Figure 1. Anterior view of penile cutaneous horn.

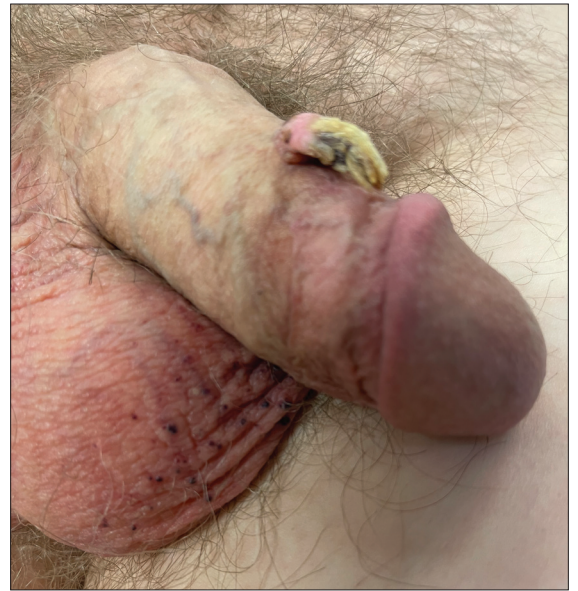


Figure 2. Lateral view of penile cutaneous horn.

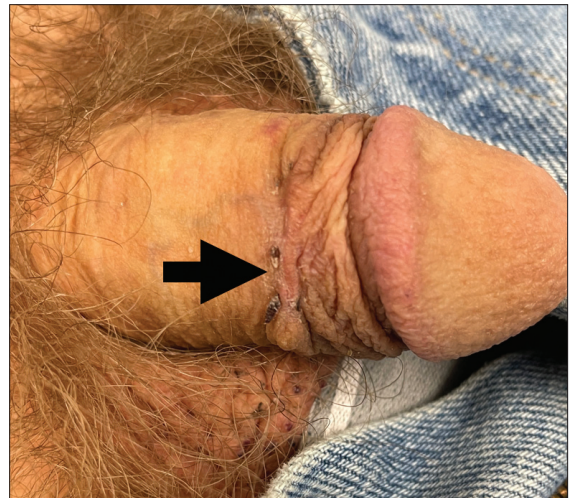


Figure 3. Postoperative picture.

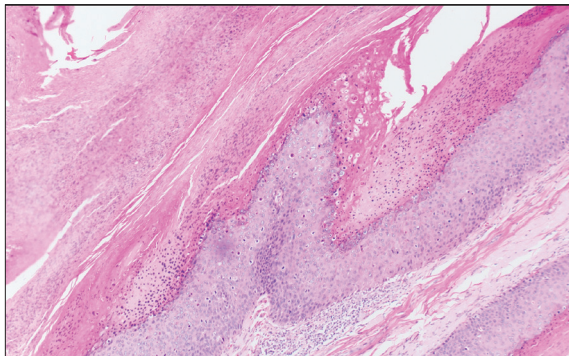


Figure 4. Pathology 10x magnification showing atypical parakeratosis and full-thickness epidermal atypia.

DISCUSSION

Cutaneous horn is a hyperkeratotic lesion, common on exposed areas like the face.¹ Penile horns are premalignant, possibly related to human papilloma virus.² Treatment consists of wide local excision.³ There have been reports of patients being treated with laser therapy or imiquimod cream; however, it is imperative to get

a pathological diagnosis, and hence wide local excision should be the treatment of choice. Family physicians should be made aware of this lesion, and refer patients to urologists at the earliest, to prevent transformation to invasive squamous cell carcinoma.

COMPETING INTERESTS: The author does not report any competing personal or financial interests related to this work.

This paper has been peer-reviewed.

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