CORRESPONDENCE

Lichen Sclerosus—Presentation, Diagnosis and Management

by Dr. Gudula Kirtschig in issue 19/2016

Extremely Obese Patients With Buried Penis

Lichen sclerosus (LS) is an underdiagnosed disease of adults and children that has a multifactorial etiology. After excision, tissues should be sent for histological analysis because LS can be associated with malignancies. LS associated with male genitals is also known as balanitis xerotica obliterans and often occurs together with phimosis. Circumcision is then the treatment of choice (1). In our department we are seeing an increasing number of extremely obese patients with buried penis. The shaft of the penis retracts into the prepubic fat apron and the warm, moist milieu around the foreskin leads to maceration and skin changes ranging up to LS (2). Circumcision alone is insufficient, because it aggravates the buried penis and leads to recurrence of LS (2). The treatment of choice is circumcision along with excision of the affected skin, removal of the prepubic fat apron, accompanied by plastic-surgical reconstruction of the penis shaft after eversion and fixation of the base of the penis (3). This is the only way of reducing the risk of LS recurrence and malignant degeneration. The rate of obesity in the world population has tripled over the past 30 years (4) and will continue to rise in the next few decades, so an increase in the number of cases of LS in extremely overweight men can be anticipated. If this disease receives too little attention in primary care and the initial surgical treatment consists merely of circumcision, higher rates of recurrence and malignant degeneration will be the consequence. Interdisciplinary cooperation between urologists and plastic surgeons enables efficient primary treatment of LS in the extremely obese with reduction of postoperative morbidity.

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Conflict of interest statement

The authors declare that no conflict of interest exists.

In Reply:

I am very grateful to Prof. Mirastschijski and her colleagues for pointing out the specific problems and risk of recurrence of lichen sclerosus despite total circumcision in patients with buried penis. They attribute these complications to an unfavorable microenvironment. The moist milieu under the foreskin, together with obesity and any penile anomalies such as hypospadias, seems to promote lichen sclerosus in the presence of a genetic predisposition (1).

Lichen sclerosus is an inflammatory dermatosis of uncertain etiology that can lead to scar formation and local carcinomas. The evidence on treatment of men is sparse: one randomized study demonstrated the successful treatment with potent topical corticosteroids in boys (2). No prospective randomized trials including circumcision have been carried out. Factors triggering lichen sclerosus in the presence of a genetic predisposition include high body mass index, mechanical stimuli such as frequent retraction of the foreskin, and local infections (3). Good epidemiological studies on this topic are lacking. In women, thorough anti-inflammatory treatment minimizes scar formation and vulvar cancer risk (4). It can therefore be assumed that also in men, progression of lichen sclerosus can be avoided by early, thorough, and persistent anti-inflammatory treatment with potent topical corticosteroids, possibly preventing urethral involvement requiring highly complex urological interventions. We need well-controlled studies on treatment, long-term effects, and possible triggers of lichen sclerosus. It needs to be investigated whether anti-inflammatory treatment with potent topical corticosteroids for 3 months can achieve sustained remission in boys and men. Treatment with topical corticosteroids to suppress inflammation may also reduce the risk of recurrences after surgical interventions. In case the attempt of treatment with steroids is not successful, total circumcision may be an option; long-term follow-up is recommended and should be documented. As mentioned in my article, an interdisciplinary approach involving dermatologists, gynecologists, and experienced surgeons or urologists familiar with the disease is desirable (5).

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