CLINICAL SNAPSHOT

Weeping Erythematous Lesion of the Penis

A 75-year-old man presented with a cutaneous lesion on his penis. The lesion had been growing in size for 6 months, and externally prescribed local treatment with methylprednisolone aceponate 0.1% cream had been ineffective. On clinical examination we found a well-circumscribed erythematous, erosive, and partly verrucous skin lesion on the prepuce (*Figure*), leading us to suspect penile intraepithelial neoplasia (PIN). Biopsy confirmed our supposition: PIN grade III. DNA hybridization revealed human papillomavirus (HPV) type 16 (high risk). PIN grade III is a carcinoma in situ and is frequently found in association with HPV infection (particularly HPV 16). Predominantly older men (>50 years) are affected. The predisposing factors include lichen ruber, lichen sclerosus, and HIV infection. Malignant transformation to penile carcinoma is possible. Circumcision is recommended for complete excision of the tumor and can be carried out immediately. Regular follow-up visits are advisable to check for secondary disease or recurrence. HPV vaccination before adolescence has a preventive effect.

Dr. med. Enrico Streit, Dr. med. Christina Alt, Universitäts-Hautklinik Heidelberg, Enrico.Streit@med.uni-heidelberg.de

Conflict of interest statement: The authors declare that no conflict of interest exists.

Translated from the original German by David Roseveare.

Cite this as: Streit E, Alt C: Weeping erythematous lesion of the penis. Dtsch Arztebl Int 2019; 116: 372. DOI: 10.3238/arztebl.2019.0372a

Figure: Well-circumscribed erythematous plaque on the prepuce with erosive and verrucous areas