

ISSN: 0976-3031

*International Journal of Recent Scientific
Research*

Impact factor: 5.114

**RECURRENT PENILE HORN; RARE ENTITY WITH
SIGNIFICANT MORBIDITY: A CASE REPORT**



**Rajesh Chaudhary., Somraj Mahajan., Ankit Shukl., Ranesh
Kumar and Suman Singh Chandel**

Volume: 6

Issue: 9

**THE PUBLICATION OF
INTERNATIONAL JOURNAL OF RECENT SCIENTIFIC RESEARCH
(IJRSR)**

**<http://www.recentscientific.com>
E-mail: recentscientific@gmail.com**

CASE REPORT

RECURRENT PENILE HORN; RARE ENTITY WITH SIGNIFICANT MORBIDITY: A CASE REPORT

Rajesh Chaudhary*¹, Somraj Mahajan², Ankit Shukla³, Ranesh Kumar⁴
and Suman Singh Chandel⁵

^{1,2,3,4}Department of Surgery, Dr. RP Govt. Medical College Kangra at Tanda, HP, India

⁵Department of Pathology, Dr. RP Govt. Medical College Kangra at Tanda, HP, India

ARTICLE INFO

Article History:

Received 05th June, 2015
Received in revised form 08th
July, 2015
Accepted 10th August, 2015
Published online 21st
September, 2015

Key words:

penile horn, cutaneous horn,
hyperkeratosis, micaceous
balanitis

Copyright © Rajesh Chaudhary et al.2015, This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

The Penile horn is a clinical term that describes protruding hyperkeratosis produced by unusual cohesiveness of keratinized material, conical in shape and usually with a bulging erythematous base.[1] Cutaneous horns have been described at various sites throughout the body out of which penile horn is probably the most unusual site. This is just a morphological entity. The first case was reported in 1854, but since then just a little over 150 cases are reported worldwide. Chronic irritation is one of the proposed mechanisms as this condition is seen in men with phimosis but the cases have been seen in circumcised men too. They are usually single but multiple penile horns can be seen too. The condition may be recurrent and cause a significant morbidity. [2]

Case Report

We present the case of a 55 yr old male who presented with a painless growth over the glans penis for the last 6 months. He had a similar growth over the glans seven years back which was operated at a regional hospital. There was no history of itching or discharge from the lesion. The patient denied any

ABSTRACT

Introduction

Cutaneous horn over the penis presents as a conical, hyperkeratotic nodule which is usually nontender and benign but may be premalignant or malignant. It is a rare entity with only a few hundred cases reported worldwide. Histopathology is the investigation of choice. Surgery is the treatment of choice.

Case Report

We present the case of a 50 yr old male with a history of recurrent multiple penile horns underwent wide local excision. Histopathologically it was proved to be a benign lesion.

Conclusion

Penile horn is a rare and fascinating clinical entity which is a source of significant morbidity to the patient.

history of unprotected sexual intercourse outside marriage. The general physical examination was unremarkable. Biochemical and hematological examinations were within normal limits. No abnormality of the prepuce was seen. On the left side of the glans there was a yellowish green triangular penile horn with blackish discoloration in between, involving the coronal sulcus and the adjoining penile shaft, about 2.5x 2.0 cm in size.



FIG.1 Penile Horn Before Excision

*Corresponding author: **Rajesh Chaudhary**

Department of Surgery, Dr. RP Govt. Medical College Kangra at Tanda, HP, India

The lesion was non tender, rough and hard to touch. The patient had undergone excision of similar lesion seven years back so wide local excision of the lesion was done and the specimen sent for histopathological examination which showed features consistent with cutaneous horn. No foci of dysplasia or carcinoma were seen. The wound was left open to granulate. The patient has been in continuous follow up and no local recurrence is seen after two years of follow up.



Fig.2 After wide local excision of the lesion.

DISCUSSION

Cutaneous horns are the nodules of keratin projecting over the skin. An elderly welsh women had a cutaneous horn so she was put on display as nature's anomaly in London in 1588. Penis is the most unusual site for the cutaneous horn.[3] The penile horns are considered to be a premalignant condition by some as this condition is seen in males usually in their fifties when most of the premalignant conditions for penile cancer are seen, but on the other hand, As reported by Lowe & McCulloch, the condition may be benign in 42–56% of cases, premalignant in 22–37% or frankly malignant in 20–22%.[4] Although the exact cause of this condition is not well known but chronic irritation, phimosis, radiotherapy and surgery are implicated. Common diseases associated with penile horns are common warts, Condyloma acuminata, Molluscum contagiosum, Human papilloma virus, Hemangioma, Keratoacanthoma, Castleman disease, Benign hyperplastic epithelium, Arsenical keratosis, Pseudoepitheliomatous micaceous balanitis.[2] Penile horns present as elongated, keratinous, white or yellowish projections over the glans penis which are usually nontender but may be painful if associated with malignancy. They are either incidentally detected while treatment or the patient seeks treatment for disfiguring condition of the penis or difficulty in sexual intercourse. Usually they are longer than broad. They are usually single but may be multiple too.[5] Histopathological evaluation is the definitive method of diagnosis. Histopathologically they could be benign, premalignant or malignant.[6] MRI may be helpful in seeing the level of invasion or the proximal extent of malignant lesions.[7] Kaposi removed the cutaneous horns by simple excision and cauterization of the papillary base.[8] Other methods of removal are electrosurgery, laser and cryosurgery. But since

they alter the histopathological picture of the tissue they are not preferred. [2] The lesion can be removed with a wide margin if the lesion is suspected to be malignant. In case the malignancy is proved then partial or total penectomy with urethral diversion and perineal urethrostomy is the treatment of choice.[9]

CONCLUSION

Penile horn is a rare condition. It may be the external presentation of the underlying malignancy but the recurrence is common even in benign conditions. The condition is a reason for significant morbidity to the patient. Wide local excision with histopathological examination should be done to rule out malignancies

Author Contributions

Rajesh Chaudhary – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Somraj Mahajan – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published

Ankit Shukla – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published.

Suman Singh Chandel- Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published.

Ranesh Kumar- Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published.

Guarantor- The corresponding author is the guarantor of submission.

Conflict of Interest-Authors declare no conflict of interest.

References

1. Bondeson J. Everard Home, John Hunter and cutaneous horns: A historical review. *Am J Dermatopathol* 2001;23:362-9
2. Kaposi M. Pathology and treatment of diseases of the skin for practitioners and students. Translation of the

- last German edition under the supervision of James C. Johnston, M.D. New York: William Wood and Company; 1895. p. 432-3.
3. Karthikeyan K. Penile cutaneous horn: An enigma- newer insights and perspectives. *Indian J Sex Transm Dis* 2015; 36:26-9.
 4. Lillie GV, Guin JD. Penile horn. A case report. *Arch Dermatol* 1961; 84:322-4.
 5. Lowe FC, McCullough AR Cutaneous horns of the penis: An approach to management. Case report and review of the literature. *J Am Acad Dermatol* 1985; 13:369-73.
 6. Lynch DF, Pettaway CA. Tumors of the penis. In: Walsh PC, Retik AB, Vaughan ED, Wein.MJ, KavoussiLR, Novick CA *et al.*, editors. *Campbell's Urology*.Vol. 4. Philadelphia, PA: W.B. Saunders; 2002. p. 2453-85
 7. Schellhammer PF, Jordan GH, Robey EL, Spaulding JT. Premalignant lesions and nonsquamous malignancy of the penis and carcinoma of the scrotum. *Urol Clin North Am* 1992; 19:131-42.
 8. Xu A, Wang S, Cheng D, Wang P. A rare case of large, unusual, and mutilating verruca vulgaris with cutaneous horns treated with plastic surgery. *Cutis* 2007;80:145-8.
 9. Yu RC, Pryce DW, Macfarlane AW, Stewart TW. A histopathological study of 643 cutaneous horns. *Br J Dermatol* 1991; 124:449-52.

How to cite this article:

Rajesh Chaudhary *et al.* 2015, Recurrent Penile Horn; Rare Entity With Significant Morbidity: A Case Report. *International Journal of Recent Scientific Research*, 6, (9), pp.6084-6086.

*International Journal of Recent Scientific
Research*

ISSN 0976-3031



9

770576

303009