

SEVERE LICHEN SCLEROSUS PRODUCING PENO - SCROTAL FUSION A Case Report

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Summary

A case of lichen sclerosus et atrophicus of scrotum and pubic region is reported which showed partial fusion of shaft to scrotum.

KEY WORDS : Lichen sclerosis et atrophicus.

Introduction

Lichen sclerosus et atrophicus is a disease of unknown aetiology which commonly affects genitalia but can occur at any other site. Here we are reporting a case where it had involved

scrotum and pubic region in addition to glans and shaft which is hitherto unreported. Sclerosis was so severe that shaft and scrotum were fused together and the resulting fold had developed intertrigo.



Fig. 1 Showing peno-scrotal fusion and narrowing of meatus.

Case History

A 72 years male presented in our out patient department with the complaints of white patches and deformity of the genitalia. It had started 22 years before at the meatal opening and gradually extended along the ventral aspect of shaft of penis to involve the whole length of shaft, adjoining pubic region and scrotum. Two years before the hospital visit, the deformity became so severe that urinary stream started wetting the scrotum. Since then patient started having burning of these sites immediately after micturition. Ulceration and serous discharge used to develop occasionally in the fold between shaft and scrotum. There was nothing relevant in the past, personal or family history.

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Examination of genitalia revealed gross deformity. The glans penis was very small in size with marked narrowing of urinary meatus. The demarcation between glans and prepuce was indistinct. The shaft of penis was fused on ventral aspect with the scrotum along its entire length (Fig. 1). The fused part of shaft of penis was almost half the length of the dorsal curvature. A band of depigmentation and sclerosis extended from glans along fused part of shaft and scrotum. The area around root of penis and adjoining part of pubic region also showed similar changes in the form of a ring. The meatus was pointing posteriorly towards the scrotum (Fig. 2). The scrotal skin facing meatus

was raw and macerated. The skin over dorsal aspect of shaft was thin, loose and wrinkled.

A clinical diagnosis of lichen sclerosis et atrophicus was made and histological examination of the skin confirmed this. Patient was treated with topical vioform cream along with reconstructive surgery in the form of separation of fusion and skin grafting. The patient was discharged with complete relief of intertrigo and improvement in direction of urinary stream.

Lichen sclerosis et atrophicus affects both sexes, more often females. Genitalia is involved frequently. Glans and prepuce are the usual sites of affliction in males. However, there is no mention in literature of extensive scrotal and pubic region involvement.

Our patient had characteristic lesions on glans and prepuce. In addition shaft which is believed to be involved rarely also showed lesion along its whole length. Extension of the disease to pubic region and scrotal skin is a rare finding. Partial peno-scrotal fusion due to severe sclerosis and the above mentioned additional sites are to be added to the list of clinical features of the disease.

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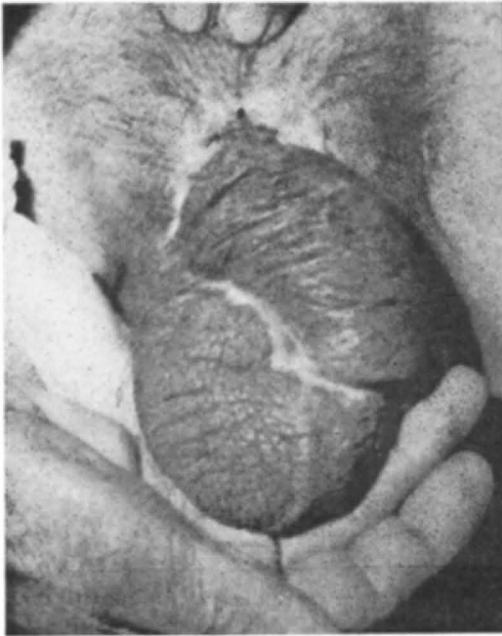


Fig. 2 Showing involvement of pubic region and penile deformity.