ANGIOKERATOMA OF FORDYCE ON UNUSUAL SITE

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A 19-year-old married man presented with multiple, bright-red and reddish-blue papular lesions on glans penis and prepuce with intermittent bleeding on maceration since 6 months duration. Histopathological study revealed features of angiokeratoma.

Key words : Angiokeratoma, Fordyce, Glans penis

Introduction

Angiokeratoma of Fordyce is a vascular wart-like lesion encountered on scrotum, first described by Fordyce in 1896 in a 60-year old male.[1] Histopathologically, it is characterised by vascular dilatation and lacunae formation in papillary dermis with or without thrombosis.[2] It usually occurs on scrotum though rarely have been reported on other sites also.[3] Here we are reporting isolated angiokeratoma of glans and prepuce without scrotal lesions.

Case Report

A 19-year-old married man presented with red to reddish blue papular lesions on glans and prepuce since 6 months. The lesions started as small, reddish spots and increased in size and became blue with time. On examination there were red, soft, compressible nodular swellings of 1-3 mm. in diameter admixed with warty, blue, firm and non compressible lesions of 3-5 mm. in diameter located on glans along corona (Fig.1) and a few scattered on other parts of glans and prepuce. Systemic examination was unremarkable.

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Renal function tests and routine investigations were within normal limits. Histology revealed marked vascular dilatation of papillary vessels and formation of large lacunae with organised thrombosis, acanthosis and elongation of rete ridges with formation of a collarette partly encircling vascular lacunae.

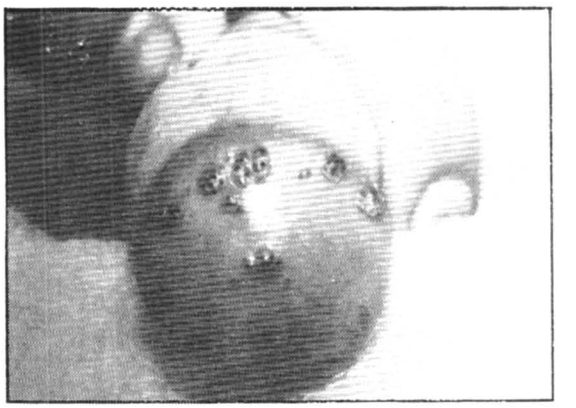

Fig.1. Showing typical lesions of angiokeratoma on glans penis especially along corona.

Discussion

Angiokeratoma of Fordyce is small, 1-4 mm, bright-red vascular papules usually seen on scrotum. Similar lesions have been reported on shaft of penis, upper

thigh, glans penis, oral mucosa and prepuce.[2-4] Isolated lesions only on glans penis and prepuce as observed in our patient have not been reported so far.

Fordyce believed that angiokeratoma is due to vascular dilatation secondary to loss of support of the blood vessels incidental to senility, coupled with atrophy of the dartos muscle and degeneration of elastic tissue.[1] Vascular dilatation may be induced by several means[2,5] such as congenital deficiency of the elastic tissue support of the vein with consequent weakening and ectasia, a venous back flow pressure secondary to venous malformation, aberration such as varicocele, venous obstruction, tumour of epididymis, hernia, hernioplasty, post operative trauma of venous system, chronic inflammation with post inflammatory phlebectasia, localised venous thrombosis and injury to the wall of papillary vessels by various factors such as trauma and chronic irritation. In our patient lesions were on glans penis and prepuce and there was no obvious predisposing conditions mentioned above.

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