

PENILE HAEMANGIOMA

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Penile haemangioma in a 5-year-old boy is being reported because of its rarity.

Key Word: Penile haemangioma

Introduction

Haemangiomas are true mesenchymal neoplasms composed of proliferating epithelial cells and growing vascular channels. They are most common tumours of infancy occurring in 1 to 2.6% of all children.¹ Haemangiomas are commoner in girls showing female/male ratio of 3:1.² They are very rarely present on genitalia contributing only 1-2% of all haemangiomas.³ We have recently seen a 5-year-old boy with cavernous haemangioma over glans penis.

Case Report

A 5-year-old Hindu male child presented to us with cosmetically disfiguring penile lesion occurring for last 2 years. The lesion started as a small erythematous papule 2 years back which increased in size and turned multilobulated in next 3 months and there after remained stationary. There was no past history of trauma, bleeding or discharge from the lesion. Relevant family history was negative. General physical examination revealed no systemic abnormality.

Local cutaneous examination showed multiple reddish - blue, compressible, non-tender, coalescing lobules of varying sizes having raspberry appearance over the glans penis of the child. Diagnosis of haemangioma was confirmed by biopsy. Other routine

relevant laboratory investigations including complete haemogram, urine examination with culture and sensitivity were normal. Patient has been treated with prednisone 10 mg and vitamin E 100 mg orally daily with partial improvement.

Discussion

Penile haemangiomas are extremely rare. The aetiology is unknown but they are thought to be congenital malformation, vascular neoplasia or may simply develop after trauma. Most of haemangiomas are self-resolving and self-limiting and therefore conservative treatment is generally applied. Surgical intervention is required for symptomatic haemangiomas. Laser photocoagulation has been emerging as a newer treatment modality. Other modalities include intralesional injection of sclerosing solution of hypertonic saline or hypertonic glucose, cryotherapy and radiation therapy.

References

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