tenderness with induration present. There was scanty mucopurulent discharge. The sore did not bleed easily. One small ulcer seen at coronal sulcus at 4 o'clock position. Two small circular ulcers, undermined edge on the ventral aspect of glans penis one on each side covered with greyish white slough.

Urethral meatus free. Prepuce kept retracted. Body of penis normal.

Scrotum – Right testis—slightly enlarged, not tender.

Epididymis—head—enlarged, firm very tender.

Body and tail—thickened, slightly irregular tender.

Vas deferens—thickened, irregular—tender.

Other structures of the cord thickened.

Left Testis—Normal.

Epididymis, vas deferens and spermatic cord slightly enlarged but not tender.

Inguinal glands—slightly palpable discrete, firm but not tender.

Frostate gland—slightly enlarged.

Seminal vesicles—right side palpable, firm, tender, left side—normal.

Liver enlarged (2 fingers), firm, smooth but not tender.

INVESTIGATIONS

1. *From sore*: Dark Ground Examination—no treponema pallidum seen. Scrapings – (a) No Donovania granulomatis or Haemophilus Ducrei seen.

(b) A few acid-alcohol fast organims resembling, Myco/tuberculosis seen.

Blood STS – Negative.

Prostatic smear – Grams' Stain – a few pus cells seen. Acid fast stain – N. A. D.

On culture of prostate-vesicular fluid – no growth seen (even on special media).

Examination and culture of urine – Normal, No AFB grown. X-ray of chest– no lesion seen.

Examination of Blood. Haemoglobin 10 Gm% RBC 3.2 million per c. m. m. WBC. 8700 per c. m. m.

E. S. R, – 48 m. m. Ist hour (Westergren).

Mantoux Test – 1/100000 Negative.

Straight X-Ray Abdomen – N. A. D.

I. V. Pyelography – No evidence of any opaque calculus seen. The Kidneys excrete normally. The middle and lower calyces of the Right Kidney show localised hydronephrotic changes–suggestion of obstruction in the stem of those calyces. It appears that there is some mischief in the right kidney – Retrograde

pyelography of Right Kidney is necessary. The ureters and urinary bladder appear normal. (Fig 2),

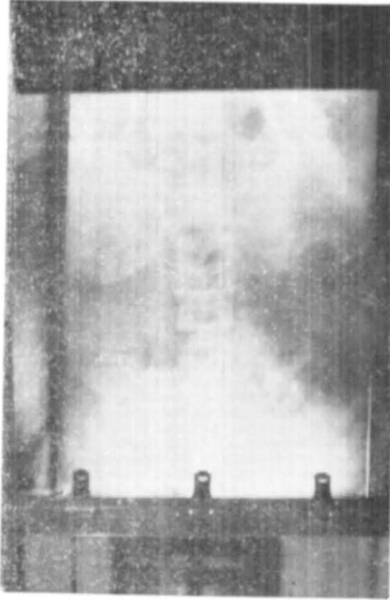

Fig. II

Retrograde Pyelography (after 12 weeks' treatment) Localised hydronephrotic changes in two of the middle calyces of Right Kidney–the stem of one of them Is narrowed. The nature of the lesion is difficult to ascertain due to absence of other changes and also due to localised nature of the lesion except that it indicates some past infection in the Right Kidney which could have been tuberculosis (Fig. 3).

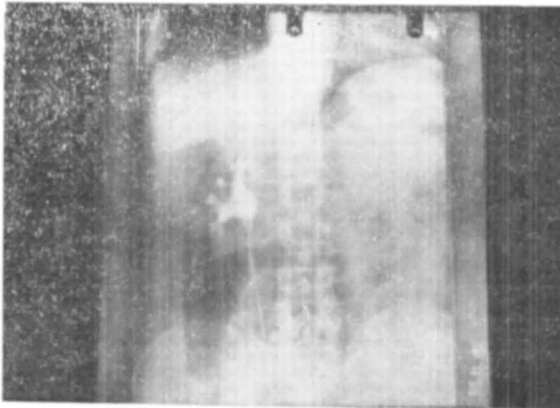

Fig. III

Histopathology-tissue taken from the edge of the sore. The histopathological section is suggestive of tuberculosis (Fig. 4).

Treatment done and progress of the case:) The patient was put on INH and PAS schedule locally acriflavin dressing applied over the sores.

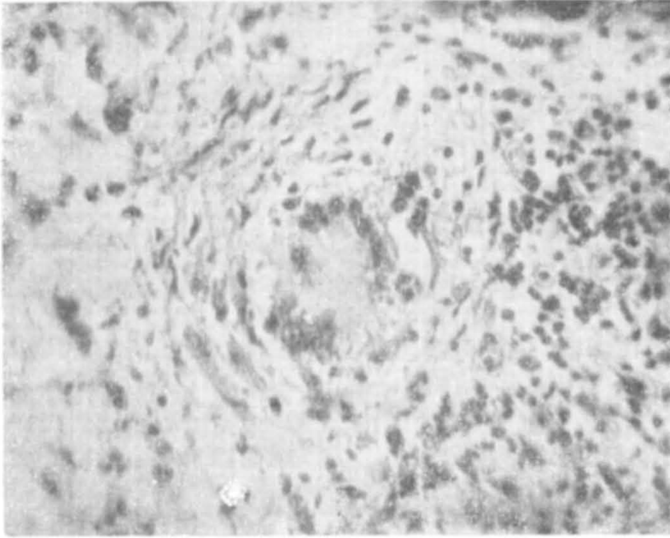

Fig. IV

The patient had put up 16 lbs to his weight, ulcers healed, anaemia corrected. He was discharged with advice to continue INH and PAS and to report follow up every fortnight.

DISCUSSION

Tuberculous ulcer in the genitals are of two types-Primary and Secondary, clinically divided into Acute and Chronic. Primary tuberculous ulcer is very rare and very often is due to direct transmission from a tuberculous sexual partner through the act of sexual intercourse. The secondary type is usually secondary to a tuberculous focus elsewhere and is often called Pseudo-primary tubercular complex Usually this is a late complication of advanced tuberculosis of the urinary tract or more rarely of digestive system. Our case very closely flows the classical description of multiple small irregular painful ulcers with little suppuration and bleeding. These ulcers are contrary to those primary type of "Circumcisional ulcers in the Jews". In this case the ulcers over the glans penis are secondary to the involvement of Kidney and epididymis. The histopathology corroborates the tubercular pathology confirmed by later investigations for renal tuberculosis. Though no age is bar yet at the age of 55 years, it is rather uncommon even in our country.

This case note is just a reminder for the unwary clinician in differential diagnosis of penile sores.

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