

Warty squamous cell carcinoma of glans penis



Figure 1: A single yellowish to light brownish warty plaque involving glans, prepuce, and coronal sulcus in a 52-year-old male

Access this article online

Quick Response Code:



Website:

www.ijdvl.com

DOI:

10.4103/ijdvl.IJDVL_155_17

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprints@medknow.com

How to cite this article: Arif T, Adil M, Saeed N. Warty squamous cell carcinoma of glans penis. *Indian J Dermatol Venereol Leprol* 2018;84:307-8.

Received: April, 2017. **Accepted:** August, 2017.

A 52-year-old uncircumcised male with no significant past medical history presented with 1-year history of gradually enlarging raised skin lesion over the glans penis. Local examination revealed a large yellow to light brown plaque of size 4–5 cm, woody in consistency, involving the whole glans penis, prepuce, and coronal sulcus [Figure 1]. Regional lymph nodes were not palpable. Differential diagnosis included warty squamous cell carcinoma, verrucous carcinoma, and giant condyloma acuminatum. Skin biopsy revealed a well-differentiated warty squamous cell carcinoma. Ultrasonography, magnetic resonance imaging (MRI), and computed tomography did not reveal any local nodal or distant metastasis. MRI showed the extension of the tumor in the subepithelial connective tissue space but not involving the blood vessels or adjoining corpora cavernosa or corpora spongiosa. The lesion was found to be stage I on Jackson's grading and T1aNO M0 according to AJCC TNM Staging system. A partial penile amputation was done and patient is still under follow-up.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Tasleem Arif, Mohammad Adil, Noora Saeed¹

Departments of Dermatology, STDs and Leprosy and ¹Pathology, Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India

Correspondence: Dr. Tasleem Arif,
New Colony Soura, Near Water Supply Control Room, Srinagar - 190 011, Jammu and Kashmir, India.
E-mail: dr_tasleem_arif@yahoo.com