

Masturbation-induced painless hemorrhagic bulla on scarring penile lichen planus



Figure 1: Hemorrhagic bulla just lateral to the glans with the background skin showing patchy whitish discoloration involving both the glans and adjoining preputial skin. The prepuce is adherent with the edge of glans penis and the corona appears obliterated

A 23-year-old man without a history of ever having participated in sexual intercourse and with an otherwise unremarkable past history presented with a painless blister on glans penis following masturbation on the same morning. There was no history of prior drug intake or trauma or physical manipulation. Examination revealed a 2 × 2 cm, round, tense hemorrhagic bulla on the

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left side of glans penis. The perilesional skin was slightly erythematous and showed variegated, whitish discoloration. Preputial skin was adherent to the edge of glans penis multifocally [Figure 1]. The differential diagnosis considered for the hemorrhagic bulla included fixed drug eruption, erythema multiforme, herpes genitalis and immunobullous disorders (cicatricial pemphigoid, bullous pemphigoid). Biopsy revealed acanthosis, basal layer degeneration, necrotic keratinocytes and upper dermal edema with moderately dense lymphocytic infiltrate, leading to a diagnosis of penile lichen planus. A direct immunofluorescence was performed and did not show any immunoreactivity. Bulla was aspirated and lichen planus improved mildly with topical tacrolimus 0.1% ointment.

Declaration of patient consent

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 The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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