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Penile Horn

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Key Words

Penile diseases
Penis
Pathology

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Abstract

A case of cutaneous horn of the penis is reported, which was treated by electro-surgical excision. The possible etiopathogenesis with a review of the literature is discussed herein.
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Penile horn or cutaneous horn is a relatively rare lesion and less than 100 cases have been reported in the literature, since the first case was published in 1854 [1]. These horns are masses of cornified material that develop from a wart or acanthosis.

Case Report

A 65-year-old man from a village, belonging to a low socioeconomic group, was admitted to the J.A. group of hospitals in October 1985, with presenting complaints of painful swelling over the glans penis for 4 years. This was progressively and slowly increasing in size. The patient did not have intercourse during this time. The penile horn was located on the left side of glans near the urethral meatus and extending up to corona (fig. 1). It was 2.5 cm in length and 4.5 cm in diameter at the base. No other lesion or significant history was found. Biochemical, serological and radiological investigations were within normal limits. The lesion was excised with an electrosurgical technique with a 2- to 3-mm margin of normal tissue at the base and a raw area was left as such after hemostasis, to heal by itself. The postoperative period was uneventful. On histopathological examination it was found to be a benign lesion showing hyperkeratosis, parakeratosis and acanthosis. Four years' follow-up revealed no recurrence.

Comments

A penile horn is a rare form of cutaneous horn with only 15 cases reported in North America [2]. It is noted that one third of the cases reported had malignancy [2, 3].



Fig. 1. Penile horn.

The etiology of this lesion is uncertain but condyloma acuminatum [1], viral infection [4, 5] and poor penile hygiene associated with congenital phimosis have been implicated [2]. Patients may present with complaints of pain, irritative symptoms, dysuria and interference with intercourse. On physical examination, these lesions consist of a compact, tapered, keratinous mass surrounding a warty base. Microscopic examination reveals hyperkeratosis, acanthosis, dyskeratosis, papillomatosis, and a chronic inflammatory infiltrate in the adjacent dermis [6]. Fifty cases of penile horn were reviewed by Walther

and Foster [3]. However, only 15 cases were available with microscopic analysis of the base of the cutaneous horn; out of these, five horns had cancer at the base. In another review of 100 reported cases, 12 cases were found to have malignant changes without metastases [1]. Local excision with deep biopsies of the skin surrounding the base is enough. Alternative approaches with carbon diox-

ide or neodymium YAG laser therapy may be reasonable producing a lesser degree of scarring and a superior cosmetic result [7]. If malignancy is found, then it should be treated on the line of penile cancer. Poor local hygiene, chronic irritation by the smegma due to want of circumcision, and low socioeconomic status may be predisposing factors in the present case of benign penile horn.

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