Clinical Image – General Urology

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Giant Penile Fibroepithelial Polyps
Dev Penil Fibroepitelyal Polipler

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Introduction

Patients with penile lesions often delay seeking medical consultation, leading to advanced presentation of penile malignancies and extensive lesions. The main challenge in diagnosing these lesions is distinguishing between benign and malignant conditions, which cannot be defined on clinical evaluation only. The main concern is diagnosing squamous cell carcinoma and its variants. Benign lesions, such as fibroepithelial polyps, are rare and a diagnosis of exclusion.

Fibroepithelial polyps arise from the mesoderm. They can occur anywhere on the skin, more frequently in the groin, axilla, and eyelids. In the urological setting, they are more commonly found in the ureter. There are few reported cases of penile presentation, with the polyps typically appearing on the glans and associated with poor hygiene or urinary catheter use. The possibility of recurrence or malignant transformation has been reported inconsistently in the literature [1,2].

We present a case with a florid manifestation of fibroepithelial polyps.

Case

A 62-year-old man with no relevant medical history presented to the emergency department with symptoms of a urinary tract infection (UTI). During the physical examination, the physician noticed two large masses on the patient's penis, that the patient had not referred to **(Figure 1).** When questioned, he responded that the lesions appeared in the previous year and had gradually increased in size, but they did not cause any pain or discomfort. The lesions were remarkably clean, with no signs of infection or ulceration. One of the masses involved the urethral meatus **(Figure 2),** but did not apparently obstruct urine flow. No other urethral lesions were visible. Laboratory testing revealed any significant biochemical abnormalities besides leukocyturia.

The patient was started on a cephalosporin for the UTI and referred to urology department for an excisional biopsy, to exclude a malignancy or a giant condyloma (Buschke–Löwenstein tumor). The surgery was performed under general anesthesia and the masses were fully excised, circumcision and meatoplasty were performed with resultant favorable cosmetic

Figure 1. Penile lesions

Figure 2. Penile lesion arising from the urethral meatus

Figure 3. Appearance after surgical excision

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outcome **(Figure 3).** The urinary catheter was left in situ for a week and any postoperative complications were not observed.

The histopathological examination of the biopsy specimen revealed benign fibroepithelial polyps without any association with human papillomavirus. The histopathological examination results were reported as: hyperplastic, hyperkeratotic, malpighian tubules lined with polypoid formations without koilocytes or dysplasia; underlying connective tissue proliferation with interlacing collagenous bands in an edematous matrix, characterized with discrete mononuclear inflammatory reinforcement. The largest lesion measured 9 cm in length. One month after surgery, there was residual edema, but there were no recurrences after 6 months of follow-up.

Conclusion

Timely excision of penile lesions is mandatory to exclude malignancy, but benign histology is a possibility despite exuberant manifestations. Upon a diagnosis of fibroepithelial polyps, surveillance should focus on clinical examination to exclude recurrence. If it occurs, repeat excision is feasible.

Keywords: penile neoplasms, fibroepithelial neoplasms, phalloplasty

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