Acta Derm Venereol (Stockh) 1992; 72: 41–42

Lichen Planus: An Unusual Cause of Phimosis

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We report on a 47-year-old man with oral and genital lichen planus. After some months of the disease, increasing phimosis developed which had not been present before. Retraction of the foreskin was now impossible and sexual intercourse was painful. Treatment with triamcinoloneacetonide and etretinate ameliorated the phimosis but the patient was still not comfortable and circumcision was performed. Histology from the foreskin revealed the typical picture of lichen planus. No features of lichen sclerosus et atrophicus were present. This is the first published observation of phimosis as a result of lichen planus.
Key words: Lichen ruber; Male genitalia; Scarring of foreskin.

(Accepted July 22, 1991)

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Lichen planus (Lp) may occur on any part of the body, including the penis (1–4). Altman & Perry (1) reviewed 307 records of patients with Lp seen at the Mayo Clinic and found only one case which involved just the male genitalia. Lesions on the male genitalia together with involvement of other sites are known to occur in about 20% of cases (5). Lp lesions may also appear on the scrotal skin. On the genitalia, Lp tend to manifest with an annular pattern. Vulvar Lp is uncommon and diagnosis may be difficult (6). Isolated lesions on the male genitalia have to be differentiated from Bowen's disease, psoriasis vulgaris, Reiter's disease, candidosis, secondary syphilis, balanitis Zoon and multicentric pigmented bowenoid papulosis (7). We observed a patient with Lp on the penis leading to phimosis.

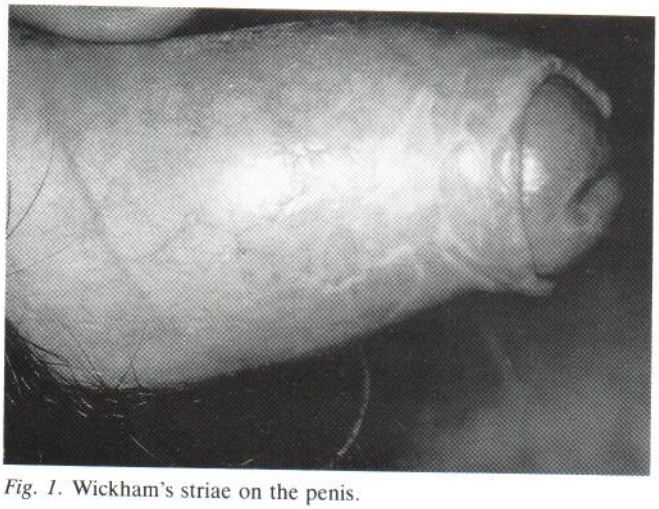

Fig. 1. Wickham's striae on the penis.

CASE REPORT

We report on a 47-year-old man who noticed whitish papules on the tongue and buccal mucosa during the last year. In the same period, similar lesions appeared on the penis. Blisters never occurred. After some months, increasing phimosis developed which had not been present before (Fig. 1). Retraction of the foreskin was now impossible and sexual intercourse became very painful.

Cutaneous examination was remarkable for typical lesions of lichen ruber planus on the buccal and gingival sites and on the tongue. No erosions were present but typically striated and reticulate whitish lesions (Wickham' striae) could be seen. In addition, multiple reticulated papules were present on the penis and the patient showed a marked phimosis. At the first visit, retraction of preputium was impossible. Treatment with triamcinoloneacetonid initially 16 mg per day and etretinate 25 mg was started and the phimosis was ameliorated over the following weeks. However, the patient was still not comfortable and circumcision was performed. Histology from the foreskin revealed the typical picture of Lp. No features of lichen sclerosus et atrophicus were present (Fig. 2).

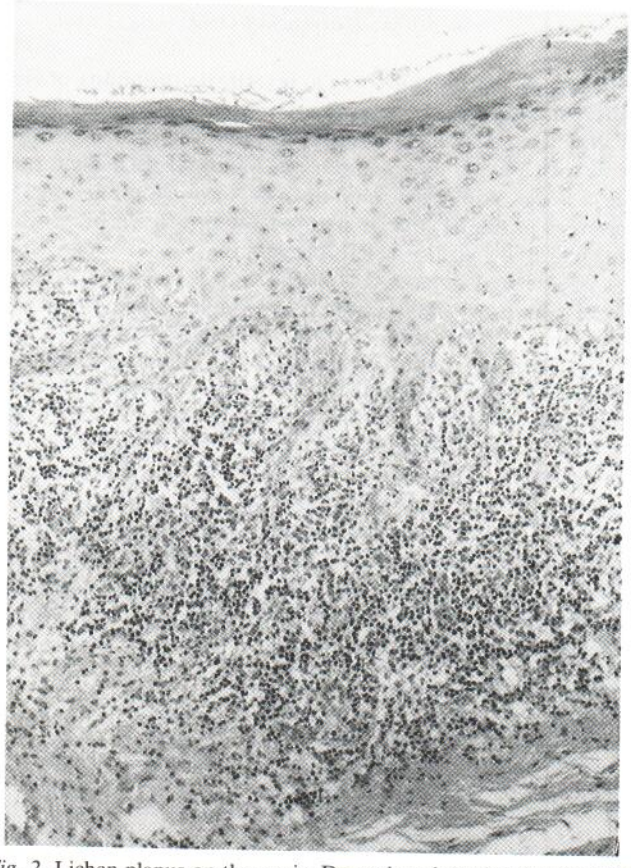

Fig. 2. Lichen planus on the penis. Dense lymphocytic infiltrate with obliteration of the dermal-epidermal interface and liquefaction and degeneration of the basal layer (HE, ×80).

DISCUSSION

Lp may lead to erosive genital lesions (2,8). Although there is much debate about the malignant potential of Lp in mucous membranes, the association of lichen planus of the penis with squamous cell carcinoma in situ and with verrucous squamous carcinoma has been reported recently (3).

Several skin disorders such as lichen sclerosus et atrophicus may lead to phimosis. To the best of our knowledge this is the first well documented case of Lp on the penis leading to phimosis. With the help of extensive computer-assisted literature searches we could not find a similar case.

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