
PRIMARY TUBERCULOSIS OF THE GLANS PENIS

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Summary.- OBJECTIVE: Tuberculosis of the penis is an extremely rare disease with few cases reported in the literature.

METHOD: We present the case of a 64 year-old man with a whitish papular-ampullary eruption in the glans penis. After antibiotic/antimycotic therapy and several topical ointments for 3 months without response he was referred to our Department. Biopsy of the ulceration edge was performed and pathology result showed a chronic granulomatous inflammatory necrotizing lesion with granulomatous vasculitis lesions, without tumor infiltration. Systemic examination to rule out other tuberculosis foci was negative. With de suspicion of primary tuberculosis of the

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Accepted for publication: April 5th, 2011
Resumen.- OBJETIVOS: Aportar un nuevo caso de tuberculosis primaria de pene dada su infrecuente incidencia, con pocos casos descritos en la literatura.

MÉTODO: Presentamos el caso de un varón de 64 años de edad, sin antecedentes urológicos de interés, que acude a consulta de dermatología por aparición de lesión ampollosa blanquecina en glande de tres meses de evolución que no mejora con antibióticos-antimicóticos tópicos (Médico de Atención Primaria). Se realiza biopsia de glande con resultado anatomopatológico de inflamación granulomatosa necrotizante con lesiones de vasculitis granulomatosa, sin infiltración tumoral. Tras descartar posibles focos tuberculosis a nivel sistémico comienza tratamiento con Isoniazida más Piridoxina.

RESULTADOS: A los cinco meses de evolución el paciente presenta gran mejoría clínica, con disminución de la lesión peneana y asintomático desde el punto de vista urológico.

CONCLUSIONES: La tuberculosis primaria de pene es una patología infrecuente aunque debemos tenerla en mente (tanto formas primarias como secundarias), para así intentar evitar el retraso diagnóstico con el consecuente perjuicio para el paciente. El inicio de una terapia antituberculosa muestra respuestas favorables en la mayoría de los casos de forma relativamente precoz.


INTRODUCCIÓN

Tuberculosis of the penis is an extremely rare disease having been reported few cases in the literature. We present a case of a 64 years-old man with a papulo-pustular eruption in the gland. After antibiotherapy and several topical ointments for 3 months without response he was sent to our department.

No evidence of previous haematuria or burning micturition. At physical examination most of the gland penis was destroyed and the residual gland had an irregular ulcerated growth with everted edges at the lateral and inferior zones. Margins were irregular (Figure 1).

Urethral opening was distorted and rest of external genitalia and inguinal region were normal. Tenderness was present at palpation while edge and base were indurated and rest of external genitalia was normal. A diagnosis of carcinoma of the penis was made based on the above clinical findings. Biopsy of the ulceration edge suggested chroinal granulomatous lesion surely caseating tuberculous granulation tissue (Figure 2).

Microbiological findings were negative for Chlamidia Trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis and Mycoplasma. Mantoux was positive (16nm). Lowenstein-Jensen culture was negative. A meatoplasty was performed after the biopsy. Systemic examination was normal.

An anti tuberculotic therapy with Isoniazid and Piridoxine was recommended. Within a period of five months ulceration healed significantly (Figure 3). At the present patient is still asymptomatic without gland lesion.

DISCUSSION

Although Tuberculosis can attack any organ of the body, penile tuberculosis is extremely rare (1-2), with 170 cases reported in world literature (3-6). Fournier (1848) described the first case in a patient with multiple penile ulcers and regional lymphadenopathies.

Penile tuberculosis may be primary or secondary (7). The primary cases can occur as a complication of ritual
Tuberculosis of penis may affect the skin, gland or cavernous bodies. In most cases the lesion takes the form of an ulcer as occurred in our case, and rarely may it present as a solid nodule. They are very similar to epidermoid cancer of the gland. Mantoux is positive in many cases. The Zhiel-Nielsen of secretions and Loewenstein-Jensen culture is often negative. Histopathological examination of the involved tissue is the essential initial investigation. Tuberculous infection can be confirmed by Polymerase chain reaction. Intravenous urography should be done to rule out urinary tuberculosis, Chest X Ray should be done to rule out pulmonary involvement.

CONCLUSIONS

Unless the possibility of Tuberculosis is considered the diagnosis may be missed or delayed. This condition promptly responds to Anti tubercular therapy as evidenced by our case and many other reports.

REFERENCES AND RECOMMENDED READINGS (*of special interest, **of outstanding interest)


GRADE 3a CLAVIEN GRADE COMPLICATION FOLLOWING PERCUTANEOUS NEPHROLITHOTOMY. RELATED FACTORS AND REVIEW OF THE LITERATURE

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Summary.- OBJECTIVE: We review the literature about bleeding complications of percutaneous nephrolithotomy (PCNL) and the application of the modified Clavien system classification.
METHODS: We present a 38 year old man who underwent left PCNL with acute severe hematuria during the immediate postoperatory time. We review the literature and analyze

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Accepted for publication: April 18th, 2011