

EARLIER DIAGNOSIS PREVENTS UNNECESSARY INVASIVE TREATMENTS FOR MICACEOUS BALANITIS

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Sir,

Pseudoepitheliomatous Keratotic & Micaceous Balanitis is a rare pre-malignant chronic clinical condition occurring over the glans characterized by silvery plaque with mica like crusts over glans. It can undergo malignant transformation. So we have presented a case of pseudoepitheliomatous, keratotic and micaceous balanitis occurring in an elderly presented as a cutaneous horn over glans.

A 66-year-old male otherwise asymptomatic presented with complaints of raised yellowish plaque along with an erosion over glans for 7 years for which earlier excision was done. (Fig 1).



Figure 1 : Lesion over glans

Patient complaints of gradual shedding of crusts over glans followed by erosions and appearance of similar crusts after a few days. Patient gave history of excision of this lesion in past followed by recurrence in 6 months. Fig. 2 Dermoscopy showed – a) Yellowish raised projection over glans, b) There is surrounding pinkish hue with normal pigmentation and adjoining hyperpigmentation. (Fig. 2)

Routine blood investigations were within normal limits. HBsAg, Anti HCV, VDRL, HIV serology was negative. On clinical grounds a diagnosis of PKMB was made. Fig. 3 Biopsy revealed – a) Stratified squamous epithelia with hyperplasia and acanthosis. b) No cytological atypia. c) Dermis was found to be infiltrated with mild lymphocytic infiltrate. (Fig. 3)

Fig. 4 Patient was started on topical 5-FU 1% daily and cryotherapy. After 3 session of cryotherapy 21 days apart patient

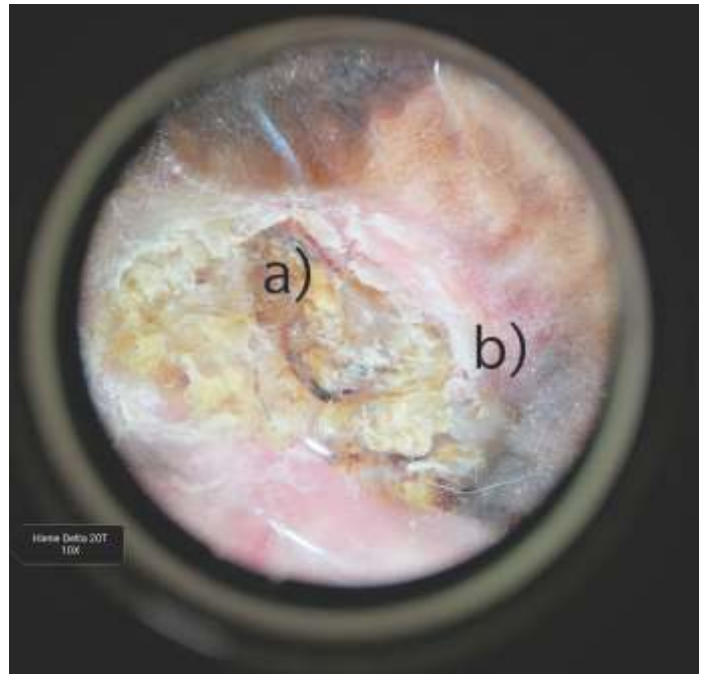


Figure 2

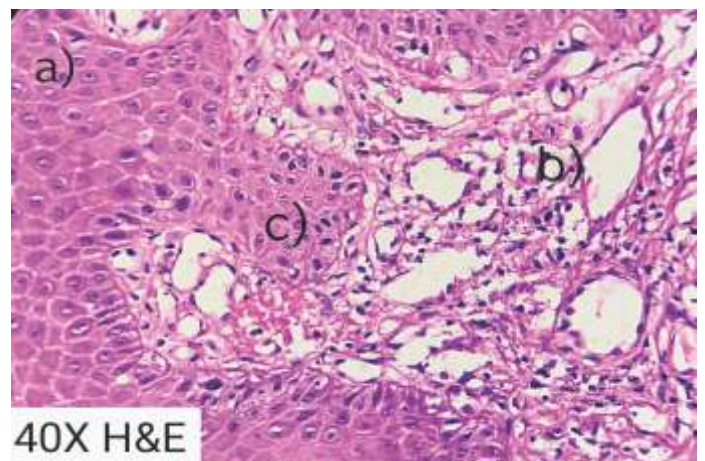


Figure 3

had excellent clinical improvement with resolution of lesions after 60 days. (Fig. 4)

PKMB is distinctive clinical condition first described in 1961 which presents as horny keratotic masses formed on glans with associated mica like crusts. PKMB is regarded as form of



Figure 4 : Post treatment

Pyodermatitis or Pseudoepitheliomatous response to infection which can be a possible variant of Reiter's Syndrome [1]. It can also be associated with HPV.

It is usually a benign condition but few cases may be locally aggressive or may have invasive pathology.

Pathogenesis of PKMB mainly occurs in Four Stages – Plaque Stage, Tumor Stage, Verrucous Carcinoma, Transformation to Squamous Cell Carcinoma [2]

Treatment approaches which can be used are excision if cellular atypia is confirmed on biopsy. In case of non-malignant lesions 5-

FU 1% daily for 30 minutes and cryotherapy are instituted.

Until now, only a few cases have been reported in literature. So, we report this case due to its rarity and also for emphasizing the need for early diagnosis, long term follow up and response to treatment.

Early diagnosis & institution of correct treatment helps in protecting patients from undergoing unnecessary invasive treatment of excision similar to present case. Dermoscopy is a non-invasive bedside test which leads to a high improvement in diagnostic accuracy, allows to examine lesion in its natural state. Further it minimizes trauma to patient's skin and it lacks tissue processing or staining which is required with the conventional histopathological studies.

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