

Unusual Presentation of Asymptomatic Subcutaneous Penile Tract? - A case report

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Abstract: Asymptomatic subcutaneous penile tract of Non venereal origin is very rare. We are presenting a case of Asymptomatic subcutaneous penile tract in a 50 year old healthy male, who attended to our OPD. The possibilities of such a penile tract were discussed here along with review of literature.

Introduction: Sinus by definition is a blind tract, usually lined by granulation tissue and connects cavity to the surface. Penile sinuses are most commonly seen as complications of Sexually Transmitted Infections, like untreated Gonococcal urethritis, Lympho Granuloma Venereum [LGV] and trauma, apart from congenital anomalies of genitalia. Tract by definition has two openings in a system of body part [1]. We are presenting a case of Asymptomatic subcutaneous penile Tract in an 50 year old male patient without any evidence of any STI's. we are presenting this case in view of its rarity.

Keywords: Asymptomatic, Subcutaneous, Penile tract.

I. Case Report

50 year old male attended to our DVL Out Patient Department with presenting complaint of a opening on the shaft of penis since the last 9 years with out any discomfort. He denies any previous history of sexual exposure, trauma or surgery. Spouse died of cardiac disease 10 years back, living alone and strongly denies any exposures. On detailed questioning, he remembers occurrence of a boil over his penis about 10 years back, which healed it self on taking medication from a local physician and no surgical intervention was done. He doesn't have any associated systemic diseases like Diabetes, Hypertension, Tuberculosis, or mental illness.

On examination there is a small opening on the mid shaft of the penis over the dorsal aspect measuring 3x3 mm. Mild hyper pigmentation of the surrounding skin present. On palpation it is soft, non tender and there is no discharge from the opening. On retracting the prepuce back there is second opening underneath the prepuce measuring 5x5mm in size, in the same alignment of the first opening with normal looking skin in between. The second opening is also soft, non tender and no discharge was seen. He doesn't have any significant lymphadenopathy. We tried to pass a sterile tooth pick in to the first opening, surprisingly it came out easily through the second opening, revealing a closed subcutaneous tract of 3.5 cm, with normal healthy skin in between. We investigated for VDRL & HIV, both reports were non reactive, with normal CBP, and radiological tests. The biopsies taken from the openings of tracts reported - Chronic dermatitis. The diagnosis of Asymptomatic Subcutaneous penile tract was made.



Fig 1. Showing the first opening over the shaft of penis.



Fig 2. Showing the second opening underneath the retracted prepuce.



Fig 3. Showing the sterile toothpick passed through the tract.

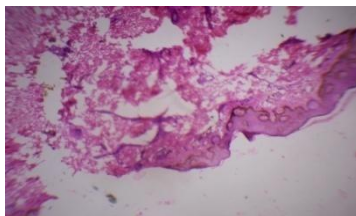


Fig 4. HPE - showing features suggestive of chronic dermatitis.

II. Discussion

Asymptomatic Subcutaneous penile tract, is a rare condition, and might have been caused by complications of STI's like untreated Gonococcal urethritis, LGV and trauma. Surprisingly in our case, patient denies any previous surgery, exposures / STI's.

The possibilities of such asymptomatic penile subcutaneous tract were discussed below.

1. Infectious cause : Ruptured suppurated penile abscess through two separate openings, which could have been re-epithelialised in due course, forming a subcutaneous tract.
2. Iatrogenic cause : Surgical procedure for reduction of Paraphimosis by puncture method, using sharp object like needle and Incision & Drainage procedure, could have led to the formation of subcutaneous tract.
3. Foreign body cause : Any foreign body, like retained non absorbable surgical suture material, cotton wool fibers or gauze and hair retained in the subcutaneous tissues, unnoticed for a prolonged period could have been lead to a subcutaneous tract.

Our patient was counselled and reassured as he is asymptomatic, and no active treatment was given except a short course of oral antibiotics.

III. Conclusion

Asymptomatic subcutaneous penile tract of Non venereal origin is very rare. Review of literature did not reveal any such case of Asymptomatic penile subcutaneous tract. In this case the patient gives history of a penile abscess about 10 years back, which could have been suppurated and ruptured through two different openings, which might have been re-epithelialised in due course, forming a subcutaneous tract. The possibility of any foreign body can not be excluded [2]. We are presenting this case in view of its rarity.

References

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