



A RARE CASE OF LICHEN PLANUS OF PREPUSAL SKIN IN PHIMOSIS

Surgery

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ABSTRACT

When the orifice of the prepuce (foreskin) is too small to permits its normal retraction over the glans penis the condition is called as Phimosis. The clinical features are difficulty in micturition, thin stream while micturition, prepuce balloon out in children causing pain and purulent discharge coming through prepusal orifice in adult¹. Phimosis can be secondary to recurrent balanoposthitis which is common cause in diabetes.² Circumcision is the treatment of choice in phimosis because it reduces the risk of HIV infection, heterosexually acquired sexually transmitted infection, genital herpes, HPV, trichomoniasis.³ When phimosis is secondary to balanoposthitis in diabetic patient with lichen planus disease, it turns out to be rarest one. Representing a same case of phimosis with lichen planus disease in old age male diabetic patient.

KEYWORDS

Niruddha prakasha, circumcision, lichen planus.

INTRODUCTION:

Lichen planus is about 1-2% people have this disorder and most common in middle age.

It is neither sexually transmitted disease nor contagious disease and cause is unknown.⁴ The primary occurrence site include the glance(48%), prepuce(21%), the glance and prepuce (9%), the coronal sulcus(6%), shaft (<2%).⁵ Lichen planus disease is characterised by a dens band like infiltrate in the upper dermis.⁶

Lichen planus skin disease is rare disorder of unknown aetiology i.e. characterised by a dens band like infiltrate in the upper dermis site for the occurrence.^{5,6} Balanoposthitis is associated with penile malignancy, diabetes, and phimosis. Skin condition such as lichen planus and psoriasis affect the penis⁷

When *Vata* gets aggravated and become localised in the skin over the glans penis, makes it thick (swollen) and block the urethra, then the glans become concealed; stream of urine is slow and painless or painful, the glans is not cracked (non-ulcerated), this diseases is known as *Niruddha prakasa* in Ayurveda.⁸ This resembles with phimosis.

CASE REPORT:

A 50 year male patient residing in Pune presented with complain of burning micturition, prepusal skin was unable to retract back over the glans penis. Patient has taken treatment in other hospital and visited to current hospital with same complain and diagnosed as phimosis with posthitis. Patient has history of diabetes, recurrent balanoposthitis and general systemic examinations were normal. Local examination- prepusal skin does not retract back over the glans penis., white discolouration of prepusal skin, Laboratory investigation suggest normal leucocytes (8100) with urine routine shows traced albumin, sugar three plus, pus cell 5-6/hpf and epithelial cell 3-4/hpf, negative serological report and negative VDRL report (venereal disease research laboratory) and HbA1C- 11 and LFTs – within normal limit, Ultrasonography shows 28cc prostate with no significant post void volume.

After thorough clinical examination inability to retract prepusal skin, recurrent balanoposthitis lead the treating surgeon to definite treatment of circumcision. First diagnosis was phimosis due to balanoposthitis as patient was known case of diabetes decision was taken to treat phimosis. Surgical intervention was necessary and planned circumcision was done. Discolouration of prepusal skin may present in few malignancies and secondary to neoplastic lesion. Therefore circumcised prepusal skin having discolouration was decided to send for histopathology. Prior to surgery written consent and physician fitness was taken.

For both decision, circumcision was needed and patient was operated for circumcision under sedation and local anaesthesia. Appropriate prepusal skin was removed by taking cut on dorsal skin up to corona and later circumferentially and ventrally. Care was taken to see that

optimum skin was cut ventrally to prevent the occurrence of chordae.

Frenulum artery was transfixed and ligated ventrally using chromic catgut suture.

Specimen was sent for histopathology. Post operatively antibiotic from cephalosporin group, analgesic, antacid for five days via intravenous route and then orally was given, patient was discharge on fifth day. Regular follow up was taken.

DISCUSSION:

A male patient was known case of recurrent balanoposthitis due to Diabetes. Patient was on regular hypoglycaemic medicine and regularly giving follow up to diabetic OPD.

Fluctuation in diabetes and poor hygiene was causing recurrent infection to glance region of penis. There is no research based evidence that lichen planus is causing phimosis which is rare and less severe skin disorder involve a dense, band like (lichenoid) infiltrate in the upper dermis.

Phimosis required circumcision and discolouration of penile skin leads primary diagnosis of neoplastic lesion instead of Lichen Planus. Hence after circumcision prepusal skin was sent for histopathology. Leukoplakia of glans penis is consider to be premalignant condition⁹. Report was found a rare infection of Lichen Planus of penis.

Treatment of Lichen Planus in many cases is topical and intra lesional steroid are effective for localised lesion, for wide spread disease systemic steroid therapy required.¹⁰

Lesion may resolve with pigmentation that may last for many months or even a year. In some cases, various treatment options may become necessary. In this case the treatment circumcision for phimosis became surgically removal of prepusal skin affected by lichen planus.

In *Ayurveda*, phimosis is treated with dilatation of urethra.¹¹ There are certain skin diseases in *Ayurveda* are less severe. *Sidhma* having striking resemblance with lichen planus which is a type of *kshudrakustha* having symptoms like white colour patches of skin and itching. Treatment includes, avoid food and activities which causes *kustha*, purification therapy (*shodhan*), local pest application (*Lepan*), Blood letting (*raktamokshan*)¹².

CONCLUSION:

- 1) In above case surgical removal of lesion was carried out and follow up was taken up to Three month. Patient genital does not show any evidence of recurrence.
- 2) *Sidhma* a type of *kshudrakustha* in *Ayurveda* is similar with lichen planus.
- 3) leucoplakia of prepusal skin may be premalignant so post operation tissue for histopath examination is must.

- 4) In *Ayurveda* treatment for phimosis is dilatation of urethra and for *sidhma kushta* purification therapy (*shodhan*), local pest application (*Lepan*), Blood letting (*raktamokshan*)

PHOTOS

Pre operative-



Histopath block-



Post-operative-



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