



## ULCEROKERATOTIC VARIANT OF PSEUDOEPITHELIOMATOUS KERATOTIC AND MICACEOUS BALANITIS: A RARE MORPHOLOGICAL PRESENTATION.

### Dermatology

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### ABSTRACT

50 year old mason by occupation presented to STD outpatient department with 8 month history of gradually enlarging lesion over the glans penis duration. It initially began as a scaly patch and progressed into a rough, elevated mass with ulceration and mild pruritus. There was no history of vesicular lesions, urethral discharge, dysuria, trauma, fever, or recent sexual exposure. The patient had undergone circumcision 8 years ago. Examination revealed a single, ill- to well-defined hyperpigmented keratotic plaque measuring 2×2 cm with an erythematous base, alongside a 1×3 cm ulcer with a clean base and granulation tissue. (Figures 1,2).No inguinal lymphadenopathy was noted. Differentials thought were PKMB, squamous cell carcinoma, balanitis xerotica obliterans. Histopathology showed hyperkeratosis, parakeratosis, acanthosis, pseudoepitheliomatous hyperplasia with no cytological atypia (figure 3) narrowing down the diagnosis to PKMB which is very rare condition, only few cases are reported in world with ulcerokeratotic manifestation being still rarer.

### KEYWORDS

PKMB, ulcerokeratotic mass, rare presentation, malignant transformation.

### INTRODUCTION -

Pseudoepitheliomatous keratotic and micaceous balanitis (PKMB) is a rare, acquired, non-venereal penile dermatosis predominantly affecting elderly circumcised males. It is characterized by thick, well-demarcated, hyperkeratotic plaques with micaceous scaling on the glans penis, and may rarely progress to phimosis or malignant transformation. Due to its rarity and potential for misdiagnosis, we report a unique ulcerokeratotic presentation of PKMB.

### DISCUSSION:

PKMB, also known as balanitis of Civatte 1 is a rare type of coronal balanitis with silvery white appearance and micaceous scales, often resembling psoriasis. It is believed to be a pseudoepitheliomatous response to infection. It was initially thought to be a benign reaction, now considered as low grade malignancy which can transform to verrucous carcinoma eventually. Association was found with reiters syndrome, human papilloma virus, balanitis xerotica obliterans. The disease can progress in 4 stages being initial plaque stage, late tumor stage, verrucous carcinoma, transformation to invasive squamous cell carcinoma. Conditions to be ruled out includes giant condyloma, genital psoriasis, squamous cell carcinoma, erythroplasia of queyret. Histopathological examination reveals epidermal hyperkeratosis, acanthosis, pseudoepitheliomatous hyperplasia, parakeratosis. Dermis shows dense chronic inflammatory infiltrate. Cytological atypia depends upon the stage of the disease. Treatment options include topical applications like 5% FU cream, 3,6 5% Imiquimod, topical cryotherapy, larger lesions and those with cytological atypia warrants surgical excision and repair. The clinical course of the disease is chronic, with frequent recurrences even after treatment and rarely malignant transformation.

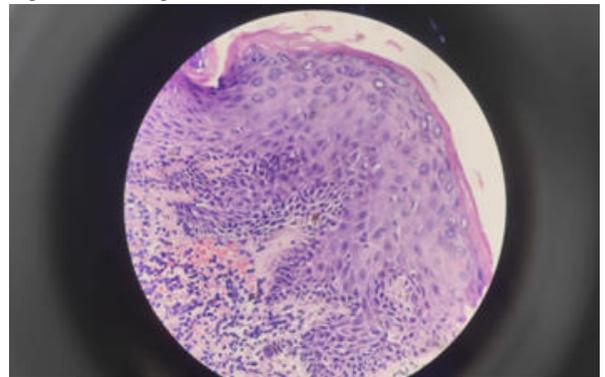
### CONCLUSION-

Pseudoepitheliomatous keratotic and micaceous balanitis is a rare, asymptomatic, non-venereal penile dermatosis with potential for malignant transformation. Hence, long-term clinical follow-up is warranted for early detection of any neoplastic progression.



Clinical examination revealed single ill to well defined

hyperpigmented keratotic mass 2\*2 cm with erythematous base, 1\*3 cm ill to well defined ulcer clean base with fleshy granulation tissue noted on glans penis. There is no inguinal lymphadenopathy. The shaft of penis, scrotum, perineal area was normal.



**Figure 3** HISTOPATHOLOGY OF PKMB

Epidermis showing hyperkeratosis, parakeratosis, acanthosis, pseudoepitheliomatous hyperplasia with no cytological atypia, Dermis showing fibroconnective tissue with dense chronic inflammatory cellular infiltrate suggestive of pseudoepitheliomatous keratotic and micaceous balanitis (PKMB).

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