



**ORIGINAL RESEARCH PAPER**

**Surgery**

**A RARE CASE REPORT OF HEMANGIOMA OVER THE GLANS PENIS WITH PHIMOSIS.**

**KEY WORDS:** hemangioma over glans penis; phimosis; chronic balanoposthitis; Carcinoma of the penis

**Dr Anil Kumar M S**

Professor and Unit Chief Department of General Surgery JSS Hospital, Mysuru Karnataka, India

**Dr Meera Goutham\***

Department of General Surgery JSS Hospital, Mysuru Karnataka, India  
\*Corresponding Author

**ABSTRACT**

In literature, 20 cases of benign angiomatous lesions on the glans penis have been reported. Hemangioma on glans penis usually presents as a young male with asymptomatic slowly progressing growth which fades on pressure. A 70 year old male presented with complaints of intermittent bleeding from the periurethral region since 5 months and phimosis since childhood. A preliminary diagnosis of chronic balanoposthitis was made, further treatment was planned to rule out Carcinoma of the penis and was taken up for circumcision and excision biopsy of the nodular growth. Intraoperatively, a solitary growth was seen on the glans penis, red-purple in color and highly vascular. Histopathological report showed features suggestive of a vascular lesion- Hemangioma. The atypical presentation of the case merits study and formulation of a definitive protocol to diagnose and treat hemangiomas over glans penis. This could also be the first case of penile hemangioma reported with phimosis.

**INTRODUCTION :**

Genital hemangiomas comprise of 2% of all hemangiomas in the body, of which those occurring over the glans penis are rarer. From 1970 to 2004, around 20 cases of benign angiomatous lesions have been described. Since then only a few more have been reported [1]. Patients are usually in the pediatric age group of less than 2 years of age or in the 2nd to 3rd decade of life.[2] It may be associated with cutaneous hemangiomas and congenital disorders. They typically present with a long standing, slowly progressing blue-black growth over the glans penis which is asymptomatic. Here is an atypical case of a man who presented with phimosis and hemangiomas over the glans penis.

**CASE REPORT:**

A 70 year old male presented with complaints of bleeding from the periurethral region since 5 months. He complained of intermittent bleeding in the form of spotting which he noticed on his undergarments. There was no history of pain, swelling in the penile region or trauma / traumatic catheterization. He did not complain of hematuria or burning micturition. On further questioning he revealed a history of being unable to retract the prepuce over glans penis since childhood. On examination, spotting of blood was confirmed and the source of bleed appeared to be from a point beneath the prepuce. Phimosis was confirmed. There was no bleeding or discharge from the urethra. On palpation a nodular swelling was palpable on the ventrolateral aspect of the glans penis under the prepuceal skin. There were no palpable inguinal lymph nodes. General physical examination was unremarkable and prostatomegaly noted on rectal examination. A preliminary diagnosis of chronic balanoposthitis was made and further treatment strategy was made to rule out Carcinoma of the penis. The patient was taken up for circumcision and excision biopsy. Intraoperatively, dorsal slit was made and circumcision done. A solitary 0.5 cm X 1cm X 1 cm growth was seen on the ventrolateral aspect of the glans penis, 1 cm away from the meatus, irregular in shape, red-purple in color and highly vascular in appearance with a smooth surface and well defined edges. It was non pulsatile and soft in consistency. Excision biopsy of the swelling was taken and there was a significant amount of hemorrhage which was controlled using pressure packing and compression dressing.



**Figure 1: Hemangioma over glans penis**

Post operatively site of biopsy was unremarkable with no signs of bleeding or infection. Histopathological report showed single grey-brown tissue fragments measuring 1X1cm. Micro studies showed fragments of normal stratified squamous epithelium. The subepithelium showed areas of hemorrhage and blood vessels of varying sized lined by thin endothelium. Features are suggestive of a vascular lesion- Hemangioma.

**DISCUSSION**

Hemangiomas are benign vascular malformations. Typical presentation of hemangiomas in glans penis is that of a young male with asymptomatic slowly progressing growth on the glans which fades on pressure and has spontaneous refilling.[3] It can extend into the perineum, thigh or anterior abdominal wall. Reports of hemangiomas of urethra and prostate are also present in literature. Pathologically hemangiomas have been explained by many theories such as it being a true benign neoplasm or arising as a result from herniation of corpus spongiosum. Another theory explains hemangiomas to be a benign malformation since structures of corpus cavernosum, glans penis and blood vessels are related. It can also arise as a result of vascularization caused by hematoma or thrombus.[4] With reference to the case being discussed, taking into consideration the age of the patient and presenting complaints of a growth over the glans with bleeding and the added circumstance of phimosis, the first differential diagnosis of carcinoma of penis was made. Since it was histologically proved to be a benign lesion i.e hemangioma, the patient was discharged with advice for follow up only for wound care. Since only a few cases of hemangiomas over glans penis have been reported to date, a definitive protocol for diagnosis and management of glans penis hemangiomas is still lacking. In other case reports, pre operative investigations with Doppler study have confirmed the diagnosis of hemangioma. Various treatment modalities have been reported to be used such as intralesional instillation of sclerosant with 2 % sodium tetra decyl sulfate, laser therapy with Nd:YAG laser, intralesional injections of 30% hypertonic saline, cryotherapy, electrofulguration and surgical excision which has a high risk of bleeding. Asymptomatic cases can be placed under observation and definitive treatment can be delayed.[1-4]

**CONCLUSION**

This case study is a rare example of hemangiomas over the glans penis with phimosis and atypical presentation. Since carcinoma of penis was suspected, excision biopsy was done which carried a high risk of bleeding but patient recovered well. Surgeons need to be aware of the differential diagnosis of hemangioma for a swelling over the glans penis region and treatment for the same should be standardized for optimizing management in such patients.

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