

Clinical Images

Queyrat erythroplasia accompanied by bladder cancer in a circumcised male

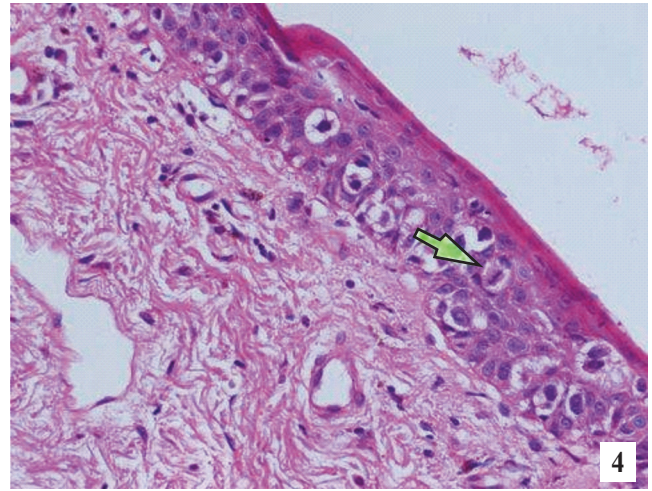
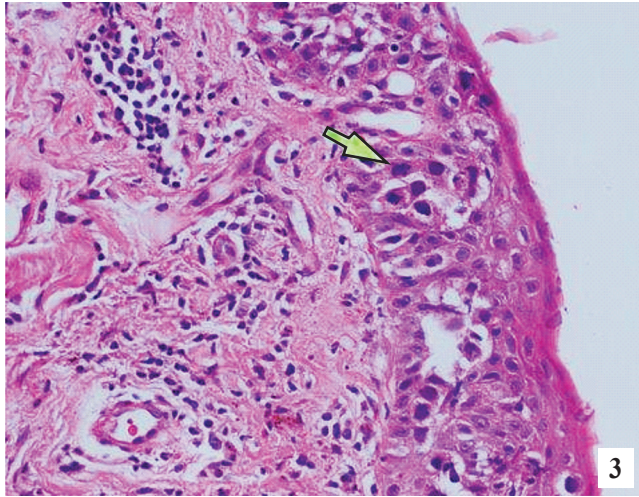


Fig. 1. Bright red plaques in the glans penis and also in the coronal sulcus of the circumcised patient with patches of uninvolved skin. **Fig. 2.** The scar related to the previous operation was observed in the examination of the abdominal wall and the outlet of the uretero-ileal loop anastomosis and the connected urine bag.

A 77 year-old male patient presented to the Dermatology clinic, Elazig Education and Research Hospital, Turkey, in November 2010 with complaints of redness and itching his penis. The patient was circumcised at prepubertal period and he underwent radical cystectomy and uretero-ileal loop procedure 10 years ago for bladder cancer. In the dermatologic examination, bright red plaques in the glans penis and also in the coronal sulcus of the circumcised patient with patches of uninvolved skin were observed (Fig. 1). The scar related to the previous operation was observed in the abdominal wall and the outlet of the uretero-ileal loop anastomosis and the connected urine bag (Fig. 2). KOH test was negative, and no growth was observed in the wound culture and fungal culture. In the histopathologic examination of the biopsy material collected from the penile coronal sulcus area, large

parakeratotic cells were seen with hyperchromatic nuclei within the thick keratin layer on the surface. Acanthosis of the multi-layer epithelium and elongation of the rete were noted. In addition, there were dyskeratotic cells with large eosinophilic cytoplasm and hyperchromatic nuclei. The histopathologic findings were consistent with Queyrat erythroplasia (EQ) (Figs. 3 and 4).

EQ can clinically resemble the other benign dermatoses involving the penis¹. Histopathologic examination must be performed for differential diagnosis. Differentiation is important in determining the treatment approach and the risk of transformation into invasive carcinoma². Successful treatment results have been reported with 5-fluorouracil (5-FU), electro-desiccation, curettage, deep fulguration, cryotherapy,



Figs 3-4. Histopathology of the biopsy material collected from the penile coronal sulcus area. Large parakeratotic cells with hyperchromatic nuclei (shown by arrow) within the thick keratin layer on the surface. In addition, there were dyskeratotic cells with large eosinophilic cytoplasm and hyperchromatic nuclei. H&E stain at magnification 400x.

radiotherapy, laser, partial or total penectomy, and micro surgery¹, as also with imiquimod and photodynamic therapies^{3,4}. The patient was asked to apply topical 5-fluorouracil cream 5 per cent and dexpanthenol pomade (twice a day).

The patient was followed up in the dermatology unit for about one year, six months later regression of lesions was seen. The patient died of cardiologic problems unrelated to the EQ and bladder cancer.

Savaş Öztürk* & Haydar Uçak
Elazığ Education and Research Hospital
Dermatology Department,
Elazığ 23100, Turkey
*For correspondence:
drsozturk@gmail.com

References

1. Bunker CB. Diseases and disorders of the male genitalia. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, editors. *Fitzpatrick's dermatology in general medicine*, 5th ed. New York: McGraw-Hill; 1999. p. 672-4.
2. Divakaruni AK, Rao AV, Mahabir B. Erythroplasia of Queyrat with Zoon's balanitis: a diagnostic dilemma. *Int J STD AIDS* 2008; 19 : 861-3.
3. Micali G, Nasca MR, De Pasquale R. Erythroplasia of Queyrat treated with imiquimod 5% cream. *J Am Acad Dermatol* 2006; 55 : 901-3.
4. Micali G, Nasca MR, Innocenzi D, Schwartz RA. Penile cancer. *J Am Acad Dermatol* 2006; 54 : 369-91.