

## A Case of Tuberculosis of the Penis Masquerading as Carcinoma of Penis

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### Abstract

Tuberculosis of various parts of the body has been well studied and reported, but tuberculosis of the penis is still a rare entity, the cause of which can be primary or secondary. Here, we present a case of a 74yr old male who came with complaints of difficulty in passing urine. On examination, the patient had phimosis and nodular growth over the prepuce and glans penis. Biopsy revealed TB of the penis. With circumcision under the cover of antitubercular therapy, patient's symptoms dramatically improved.

**Keywords:** Tuberculosis; Antitubercular Therapy; Carcinoma Penis; Penile Tuberculosis.

### Introduction

Although Tuberculosis (TB) is the most widespread and persistent human infection in the world, TB of the penis is extremely rare. Even in endemic regions, TB of the penis is a difficult entity to diagnose. Here we present one such case.

### Case Report

A 74 year old Hindu gentleman, farmer by occupation, chronic alcoholic and smoker for >40 years, presented with chief complaints of difficulty in passing urine since 1 year. Patient was not a known

case of TB and gave no history of risky sexual behaviour.

On clinical examination, Patient had phimosis with painless nodular growth over the prepuce and glans penis. B/L superficial inguinal lymph nodes were palpable- firm, discrete, 2 on each side, measuring about 1.5cm in diameter each.



Fig. 1: Note the nodular growth over the prepuce skin



Fig. 2: On retraction of the prepuce skin, note the nodular growth over the glans penis

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On investigating, Patient was anemic. (Hb: 6.9g%)

HIV and VDRL tests were negative.

Chest radiograph revealed Chronic Bronchitis.

All other investigations were within normal limits.

With the suspicion of Ca Penis, Biopsy was done.

The histopathologic examination revealed the tissue to be of tubercular origin.

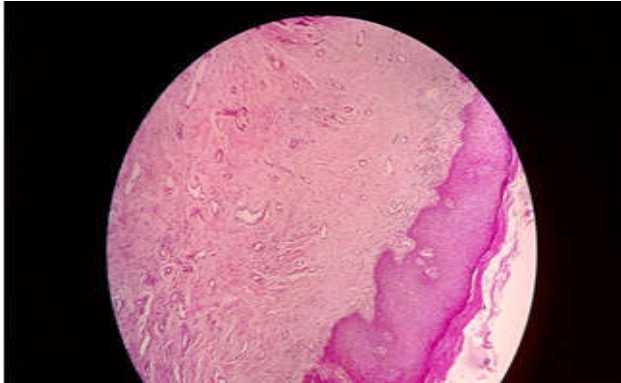


Fig. 3:

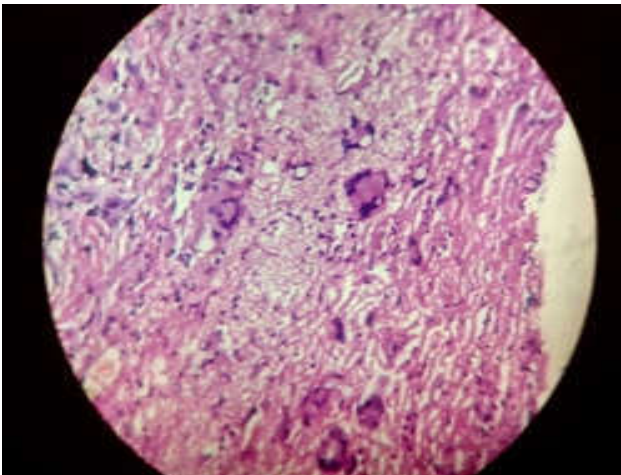


Fig. 4:

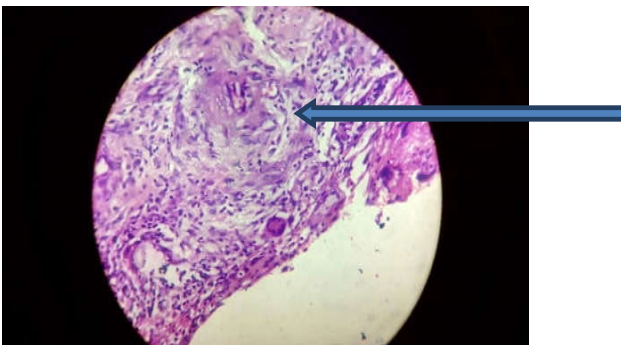


Fig. 5: Arrow indicates langhans giant cell

*Treatment:* Patient therefore underwent Circumcision under Penile Block. Patient was enrolled under RNTCP category II and AntiTubercular Therapy was started (with isoniazid, rifampicin, pyrazinamide, ethambutol and streptomycin). Patient's symptoms improved post-operatively.



Fig. 6: Post- circumcision

## Discussion

Even in developing countries, TB of the penis is a rare entity comprising less than 1% of all genital TB cases in males [1]. It may present as primary or secondary to pulmonary TB. In the penis, the sites of involvement may be the glans, skin or around the coronal sulcus [2].

The aetiological factors implicated in primary TB of the penis include direct contamination from clothes or hands, sexual contact with a person having genitourinary TB [3], from intravesical BCG taken for Ca Bladder [4] and reactivation of the bacilli or hypersensitivity to the antigens [5].

The usual sites of involvement described in decreasing order of frequency are epididymis (42%), seminal vesicle (23%), prostate (21%), testis (15%) and vas deferens (12%).

As it can mimic various other conditions of the penis, like Ca penis, Genital Warts, Genital Herpes simplex, etc. [6], TB of the penis requires good suspicion and a thorough work up.

Unlike Ca Penis, where treatment involves Surgery, Radiation therapy, Chemotherapy, etc. that adds to Patient's morbidity, TB of the penis can be treated by ATT alone [7].

## Conclusion

Genito-urinary TB is a common site for extra-pulmonary TB but TB of the penis is an extremely rare entity with very few cases described in literature. This case report is an eye opener about its rare presentation and the need for thorough work-up before considering penile amputation in a case of suspected Carcinoma of Penis.

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