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SKLEROZANTNI LIMFANGITIS PENISA – PRIKAZ PACIJENTA

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SAŽETAK

Uvod/Cilj: Sklerozantni limfangitis penisa je retko nezarazno oboljenje koje se najčešće javlja kod mladih seksualno aktivnih osoba. Karakteriše ga iznenadna pojava bezbolnog trakastog zadebljanja u predelu koronalnog sulkusa kojoj su prethodili intenzivni seksualni odnosi i/ili masturbacija. Cilj rada je da prikažemo pacijenta sa karakterističnom kliničkom slikom neveneričnog sklerozantnog limfangitisa penisa i da podsetimo zdravstvene radnike, prevashodno dermatovenerologe i urologe, na ovo retko oboljenje.

Prikaz bolesnika: Pacijent star 32 godine, dobrog opšteg zdravlja, javio se dermatovenerologu zbog bezbolnog zadebljanja na telu penisa koje je nastalo nakon intenzivnih seksualnih odnosa. Kliničkim pregledom utvrđeno je prisustvo bezbolne, translucentne, zadebljane i tvrde trakaste strukture, hrskavičave konzistencije iza korone glansa, bez uvećanja regionalnih limfnih žlezda. Serološki testovi na sifilis nisu ukazivali na nedavnu infekciju. Pacijentu je savetovano uzdržavanje od seksualnih aktivnosti i nakon četiri nedelje promene su se povukle.

Zaključak: Sklerozantni limfangitis penisa je retko, benigno, nezarazno oboljenje koje se javlja kod mlađih seksualno aktivnih osoba i izaziva njihovu zabrinutost, dok zdravstvenim radnicima može predstavljati dijagnostički izazov usled kliničke sličnosti sa tromboflebitisom superficijalne vene penisa ili atipičnim penilnim lezijama ranog sifilisa, usled čega je posebno bitno da ga urolozi i dermatovenerolozi u svom svakodnevnom radu ne previde.

Ključne reči: sklerozantni limfangitis, penis, seksualni odnos

Uvod

Sklerozantni limfangitis penisa je retko nezarazno oboljenje koje se najčešće javlja kod mladih seksualno aktivnih osoba. Karakteriše ga iznenadna pojava bezbolnog trakastog zadebljanja u predelu koronalnog sulkusa kojem obično prethode intenzivni seksualni odnosi i/ili masturbacija. Oboljenje je prvi put opisao nemački dermatolog, *Erich Hoffmann*, 1923. godine, kao simulatora venеričnih bolesti (1), da bi kasnije objavio da ono nije povezano sa venеričnim bolestima i nazvao ga neveneričnim plastičnim limfangitisom (engl. n*on-venereal plastyc lymphangitis*) (2). U narednih devedeset godina u literaturi je objavljeno manje od 135 slučajeva ovog oboljenja (3). Cilj ovog rada je da prikažemo pacijenta sa karakterističnom kliničkom slikom neveneričnog sklerozantnog limfangitisa penisa (engl. *non-venereal sclerosing lymphangitis of the penis*) i podsetimo zdravstvene radnike, prevashodno dermatovenerologe i urologe, na ovo retko oboljenje.

Prikaz pacijenta

Pacijent star 32 godine javio se dermatovenerologu zbog bezbolnog zadebljanja na telu penisa koje se pojavilo dva dana pre dolaska na pregled. Nije praktikovao rizične seksualne odnose, ali je sa svojim stalnim partnerom imao duže i učestalije seksualne odnose tokom poslednjih nedelju dana. Dobrog je opšteg zdravlja i nema nikakvih simptoma koji prate polno prenosive infekcije. U ličnoj anamnezi navodi podatak da je pre nekoliko godina lečen od ranog sifilisa.

Kliničkim pregledom utvrđeno je prisustvo bezbolne, translucentne, zadebljane, tvrde, trakaste

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CASE REPORT

SCLEROSING LYMPHANGITIS OF THE PENIS – A CASE REPORT

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SUMMARY

Background/Aim: Sclerosing lymphangitis of the penis is a rare non-infectious condition that most commonly occurs in young sexually active individuals. It is characterized by the sudden appearance of a painless, band-like thickening in the area of the coronal sulcus, which is preceded by intense sexual intercourse or masturbation. The aim of this paper was to present a patient with the characteristic clinical picture of non-venereal sclerosing lymphangitis of the penis and to remind healthcare professionals, particularly dermatologists and urologists, of this rare condition.
Case report: A 32-year-old male in good general health presented to a dermatologist with a painless thickening on the shaft of the penis that appeared after intense sexual intercourse. Clinical examination revealed the presence of a painless, translucent, thick, band-like structure with a cartilaginous consistency behind the corona of the glans, without enlargement of regional lymph nodes. Serological tests for syphilis did not indicate recent infection. The patient was advised to refrain from sexual activity, and after four weeks, the changes had resolved.
Conclusion: Sclerosing lymphangitis of the penis is a rare benign, non-infectious condition that occurs in younger sexually active individuals and often causes concern. It can present a diagnostic challenge for healthcare providers due to its clinical similarity to superficial penile vein thrombophlebitis or atypical early syphilitic penile lesions. Therefore, it is important that urologists and dermatologists do not overlook it in their daily practice.

Keywords: sclerosing lymphangitis, penis, sexual intercourse

Introduction

Sclerosing lymphangitis is a rare non-infectious condition that most commonly occurs in young sexually active persons. It is characterized by the sudden occurrence of a painless, cord-like thickening in the area of the coronal sulcus, which is usually preceded by intense sexual intercourse and/or masturbation. The condition was first described as a simulator of venereal diseases in 1923 by a German dermatologist, Erich Hoffmann (1), while he later reported that it was not related to venereal diseases and called it non-venereal plastic lymphangitis (2). In the following ninety years, less than 135 cases of this condition were published in the literature (3). The aim of this paper was to present a patient with the characteristic clinical picture of non-venereal sclerosing lymphangitis of the penis and to remind healthcare workers, particularly dermatologists and urologists, of this rare condition.

Case report

A 32-year-old male patient presented to a dermatologist because of a painless thickening on the shaft of the penis that had appeared two days prior to the examination. He did not engage in risky sexual behaviors, but he had longer and more frequent sexual intercourse with his regular partner during the previous week. He was in good general health and had no symptoms associated with sexually transmitted infections. In his personal history, he stated that he had been treated for early syphilis a few years ago.

Clinical examination revealed the presence of a painless, translucent, thickened, hard, cord-

Slika 1. Sklerozantni limfangitis – zadebljanje limfnog suda proksimalno od korone glansa

(engl. *cord-like*) strukture hrskavičave konzistencije, promera 5mm i dužine 3cm smeštene iza korone glansa (Slika 1). Regionalne limfne žlezde nisu bile uvećane. Direktnim mikroskopiranjem brisa uretre i bojenjem po Gramu nisu detektovani polimorfonuklearni leukociti, a serološki testovi na sifilis (VDRL – *Venereal Disease Research Laboratory*; laboratorijski test za istraživanje veneričnih bolesti i TPHA – T*reponema Pallidum Haemagglutination Assay*; Treponema Pallidum hemaglutacioni test) su registrovali samo pozitivan TPHA test, koji je u ovom slučaju pokazatelj ranije lečene infekcije.

Pacijentu je savetovano uzdržavanje od seksualnih aktivnosti, a nakon četiri nedelje promene su se povukle.

Diskusija

Nevenerični sklerozantni limfangitis penisa se može javiti kod seksualno aktivnih muškaraca u svim uzrasnim grupama (4), ali je najćešće opisan u uzrastu od 20 do 40 godina (5), a manifestuje se pojavom bezbolnih trakastih zadebljanja iza korone glansa. Premda je etiologija ovog oboljenja nepoznata, pretpostavlja se da ga uzrokuju mikrotraume penisa nastale tokom grublje seksualne aktivnosti, kao što je ustanovljeno i kod našeg pacijenta, koje dovode do traumatske opstrukcije većih limfnih sudova (3). Neka istraživanja upućuju na to da bi cirkumcizija mogla biti predisponirajući faktor za nastanak ovog oboljenja usled posledičnog poremećaja limfne drenaže i eventualnih ožiljaka nastalih nakon intervencije (7), što nije slučaj kod našeg pacijenta. Iako se dijagnoza uobičajeno postavlja kliničkim pregledom, jer biopsija lezije najčešće nije neophodna, istraživanja pokazuju da histopatološke analize kod ovog oboljenja potvrđuju prisustvo skleroze i hipertrofije limfnih sudova (6).

U diferencijalnoj dijagnozi u obzir dolaze tromboflebitis superficijalne dorzalne vene penisa – Mondorovo oboljenje (engl. *Mondor's disease*) i limfangitis penisa kod ranog sifilisa (8,9). Superficijalni tromboflebitis vene penisa je obično bolan i lokalizovan na dorzalnoj strani tela penisa, a vena je zadebljana i adherentna za kožu. Trombozi mogu prethoditi trauma, intenzivna seksualna aktivnost, lokalna infekcija, tumor karlične regije ili ubrizgavanje droga u dorzalnu venu penisa (10). Dijagnoza se postavlja ultrazvučnim Doppler pregledom vena koji ukazuje na ehogenost i nekompresibilne vene, dok se biopsijom potvrđuje opstrukcija lumena vene (8). Rani sifilis veoma često može biti praćen atipičnim manifestacijama. Studija serije slučajeva obolelih od ranog sifilisa je kod većeg broja pacijenata pokazala prisustvo tvrdog, trakastog i bezbolnog limfangitisa iza korone glansa (9). Pozitivni serološki testovi na sifilis kod našeg pacijenta bili su znak ranije lečene infekcije, a s obzirom na porast broja obolelih od ovog oboljenja u našoj zemlji (11), kod penilnog sklerozantnog limfangitisa može se obaviti i testiranje krvi na sifilis.

Nevenerični sklerozantni limfangitis penisa obično prolazi spontano, a obolelima se savetuje seksualna apstinencija u trajanju od nekoliko nedelja. Veoma retko, i to kod perzistentnog simptomatskog limfangitisa praćenog bolnim erekcijama, može biti neophodna i hirurška resekcija (7).

Zaključak

Sklerozantni limfangitis penisa je retko benigno nezarazno oboljenje koje se javlja kod mlađih

Figure 1. Sclerosing lymphangitis – thickening of the lymphatic vessel proximal to the corona of the glans

like structure of cartilaginous consistency, 5 mm in diameter and 3 cm long, behind the corona of the glans (Figure 1). Regional lymph nodes were nor enlarged. Polymorphonuclear leukocytes were not detected by direct microscopy of urethral swabs and Gram staining, while serological tests for syphilis (VDRL – Venereal Disease Research Laboratory and TPHA – Treponema Pallidum Haemagglutination Assay) registered only a positive TPHA test, which in this case is an indicator of a previously treated infection.

The patient was advised to refrain from sexual activity and after four weeks, the changes resolved.

Discussion

Non-venereal sclerosing lymphangitis of the penis can occur in sexually active men in all age groups (4), but it has been described most frequently in the age group 20 to 40 years (5), and is manifested by the appearance of a painless, cord-like thickening behind the corona of the glans. Although the etiology of this condition is unknown, it is assumed that it is caused by microtraumas of the penis that appear during intense sexual intercourse, as was found in our patient, which lead to traumatic obstruction of larger lymphatic vessels (3). Some studies indicate that circumcision could be a predisposing factor for the occurrence of this condition due to the consequent disruption of lymphatic drainage and possible scars that appear after the intervention (7), which was not the case in our patient. Although the diagnosis is usually made by clinical examination, because the biopsy of the lesion is most often not necessary, studies indicate that histopathological analyses in this condition confirm the presence of sclerosis and hypertrophy of lymphatic vessels (6).

In a differential diagnosis, thrombophlebitis of the superficial dorsal vein of the penis – Mondor's disease and lymphangitis of the penis in early syphilis (8,9) are considered. Superficial thrombophlebitis of the penile vein is usually painful and localized on the dorsal side of the shaft of the penis, and the vein is thickened and adherent to the skin. Thrombosis can be preceded by trauma, intense sexual activity, local infection, tumor of the pelvic region or injection of drugs into the dorsal vein of the penis (10). The diagnosis is made by Doppler ultrasound examination of veins, which indicates echogenicity and incompressible veins, while the biopsy confirms the obstruction of vein lumen (8). Early syphilis can often be accompanied by atypical manifestations. A case study of patients affected by early syphilis showed the presence of hard, cord-like and painless lymphangitis behind the corona of the glans in a large number of patients (9). Positive serological tests for syphilis in our patient were the sign of the previously treated infection, and considering the increase in the number of people suffering from this disease in our country (11), in penile sclerosing lymphangitis, blood testing for syphilis can also be performed.

Non-venereal sclerosing lymphangitis of the penis usually resolves spontaneously and patients are advised to refrain from sexual activity for several weeks. Very rarely, in case of persistent symptomatic lymphangitis accompanied by painful erections, surgical resection can also be necessary (7).

seksualno aktivnih osoba. Može izazvati zabrinutost pacijenta, dok zdravstvenim radnicima neretko predstavlja dijagnostički izazov usled kliničke sličnosti sa tromboflebitisom superficijalne vene penisa i atipičnim penilnim lezijama ranog sifilisa, zbog čega je od izuzetnog značaja da ga urolozi i dermatovenerolozi u svom svakodnevnom radu ne previde.

Konflikt interesa

Autor je izjavio da nema konflikta interesa.

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Conclusion

Sclerosing lymphangitis of the penis is a rare benign non-infectious condition that occurs in younger sexually active individuals. It can cause patient's concern, and it often presents a diagnostic challenge for healthcare providers due to its clinical similarity to superficial penile vein thrombophlebitis or atypical early syphilitic penile lesions. Therefore, it is of utmost importance that urologists and dermatologists do not overlook it in their daily practice.

Competing interests

The author declared no competing interests.

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