

Large Crateriform Molluscum on Penis Masquerading as Keratoacanthoma

SHORT HISTORY

A 52-year-old man presented with painless, slowly enlarging lesions on his penis for the last 3 months. General examination was noncontributory. Cutaneous examination revealed reddish pink-colored nodules on the penis, which were roughly round to oval in shape with elevated border, measuring approximately 1.5–2 cm. The center of each nodule was ulcerated and covered with black eschar [Figure 1a and b]. On palpation, these were soft in consistency, noncompressible, nontendered, and nonindurated. There was no history of surface discharge. No such lesions were present elsewhere on the body. The lesions were slowly enlarging initially; however, for the last 1 month, it enlarged rapidly. Regional lymph nodes were nonpalpable. Routine blood investigations along with western blot test were advised, and the patient was found to be HIV negative. Venereal Disease Research Laboratory test and Treponema Pallidum Hemagglutination assay were nonreactive. Gram stain revealed no cocco-bacilli, suggestive of *Haemophilus ducreyi*. No past history of high-risk exposure and tuberculosis was present. On the basis of case history and clinical findings, provisional diagnosis of keratoacanthoma was made. Histopathology revealed hypergranulosis and characteristic molluscum bodies [Figure 1c]. The final diagnosis was molluscum contagiosum (MC). The patient was treated with 10% potassium hydroxide solution.

Differential diagnosis

1. Keratoacanthoma
2. Chancre
3. Chancroid



Figure 1: (a and b) Multiple nodules with central ulceration; (c) histopathology showing molluscum bodies

4. Tubercular ulcer
5. Cryptococcosis.

DISCUSSION

MC was first described in the medical literature in 1817. Its viral etiology was determined by Juliusberg.^[1] MC is a common skin and mucosal disease of viral origin, caused by molluscum contagiosum virus (MCV) virus of poxvirus family. With the eradication of smallpox, MCV is now the only member of the poxvirus family that causes substantial disease in humans. Poxviruses utilize the microtubule cytoskeleton within the cytoplasm of eukaryotic cells for moving into the human host cell during establishment of infection and for facilitating the continued spread of virus infection.^[2] MC is mostly transmitted by direct skin-to-skin contact through wet skin. Histopathological examination reveals the lesions involving the follicular epithelium. The lesion is acanthotic and cup shaped. In the cytoplasm of prickle cells, numerous small eosinophilic and later basophilic inclusion bodies called molluscum bodies or Henderson–Paterson bodies are formed. Lesions that rupture into dermis may elicit a marked suppurative inflammatory reaction that resembles an abscess.^[3] Although frequently reported, its unusual clinical presentation makes its diagnosis a challenging task.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Research quality and ethics statement

The authors followed applicable EQUATOR Network (["http://www.equator-network.org/](http://www.equator-network.org/)) guidelines, notably the CARE guideline, during the conduct of this report.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online	
Quick Response Code: 	Website: www.jgid.org
	DOI: 10.4103/jgid.jgid_165_21

How to cite this article: Baisya S, Mallick S, Sarawgi D, Rudra O. Large crateriform molluscum on penis masquerading as keratoacanthoma. J Global Infect Dis 2022;14:41-2.

Received: 17 June 2021 **Revised:** 19 September 2021

Accepted: 30 September 2021 **Published:** 16 February 2022

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