

Inflammation and infection

A rare case of chronic penile suppuration associated with fibromatosis

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ABSTRACT

Spontaneous penile abscess is rare. Without effective treatment, penile abscesses could evolve into a chronic form with fatal consequences. A subtotal penectomy was performed for a 51-year-old man with no medical history who presented a chronic penile suppuration mimicking tumor.

Introduction

Penile abscess is an uncommon urologic condition. Trauma and penile injection, local or distant infection are identified as precipitating factors. However spontaneous abscess originating in the corpus cavernosum is rare with a paucity of reported cases. We present a unique case of spontaneous corpus cavernosum fistulated suppuration in a 51-year old man requiring a subtotal penectomy.

Observation

A 51-year old man with no medical past history was referred to our department with a six-month history of penile suppuration which has been flattened 3 times.

Physical examination revealed a very swollen penis with multiple fistulas oozing pus (Fig. 1). White cell count was $14.80 \times 10^9/L$, C-reactive protein was 101.5 mg/L. bacteriological sampling isolated *Pseudomonas Aeruginosa* and *Streptococcus Agalactiae*. Syphilitic and HIV serology and pus culture for tuberculosis were repeatedly negative. MRI exam revealed fasciitis associated with fistulas making the corpus cavernosum communicate with the superficial planes as well as an inflammatory mass of the penis (Fig. 2). There were no signs of malignancy in two successive biopsies. Given the persistence of the infection despite a 4-week appropriate antibiotic therapy, a subtotal penectomy

was performed. Pathological exam revealed penile fibromatosis with focus of abscesses with no sign of malignancy (Fig. 3). No recurrence was encountered during 10 months of follow-up.

Discussion

Penile suppuration is an uncommon urologic condition that most commonly present with penile pain and swelling.¹ The causes of penile abscess might be associated with penile trauma, injection, and disseminated infection.² But spontaneous penile abscess cases are reported with no inciting event identified⁽³⁻⁵⁾.

Initial investigations should include culture of urine, blood, and pus prior to antibiotic therapy to maximise the probability of identification of causative germs (4). *Staphylococcus aureus* is the most common causative organism amongst reported cases, followed by *Streptococci*, *Fusibacteria* and *Bacteroides*.¹ In our case both *Pseudomonas Aeruginosa* and *Streptococcus Agalactiae* are isolated.

Clinical suspicion of a penile abscess might be confirmed through ultrasound, CT, or MRI.³ In our case a super infected penile tumor was suspected, we performed an MRI exam. Despite the benefits of the conservative approach, surgery remains the first line in the treatment of penile abscess because of the risk of abscess recurrence within an uncompleted evacuation.¹ In our case considering the uncontrollable infection and several penile abscesses foci we performed a subtotal

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Fig. 1. Preoperative aspect showing swollen penis with multiple fistulas.

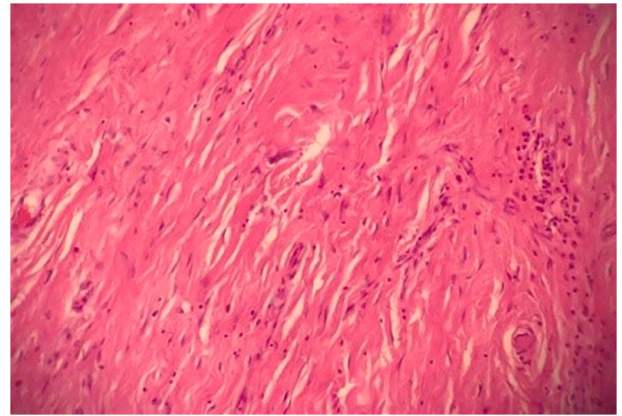


Fig. 3. Bland spindle-shaped fibroblastic cells arranged in ill-defined fascicles (x100).

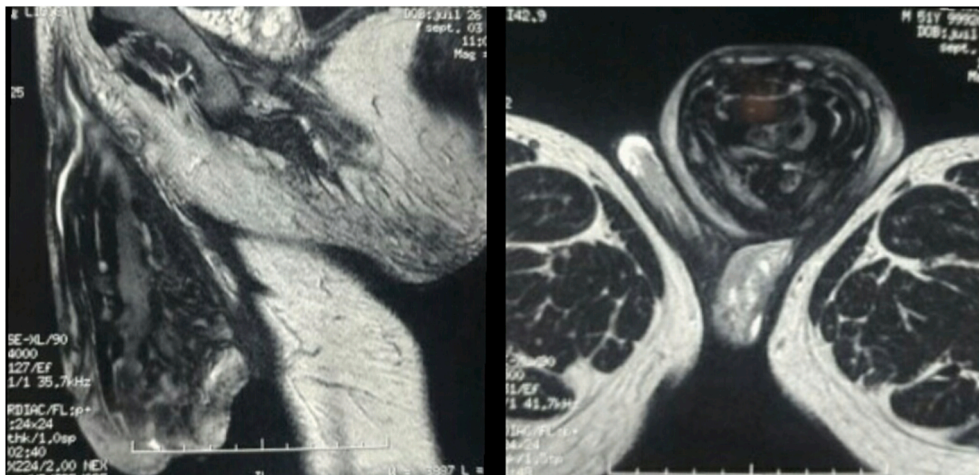


Fig. 2. Several collections and fistula causing the cavernous body to communicate with the superficial planes.

penectomy.

A review of the literature did not objectify tumor-like abscesses, superinfected peyronie disease or fistulizing penile suppuration. In our case pathological exam has revealed penile fibromatosis with areas of fistulated suppurations with no sign of malignancy.

Conclusion

Spontaneous penile suppurations are rare, with few previously described idiopathic cases. Early surgical intervention is therefore recommended as definitive treatment to prevent its development. Our case is the first case describing a fistulizing chronic penile suppuration.

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