Lesions on the Glans Penis

A 19-year-old, black male presents with asymptomatic lesions on the base of his glans penis that have slowly multiplied over the past few years. His girlfriend has asked him to get these treated.

What is your diagnosis?

a. Fordyce glands
b. Pearly penile papules
c. Filiform warts
d. Molluscum contagiosum
e. Dermatofibroma

Answer

Pearly penile papules (PPP) (answer b) are tiny, skin-coloured papules found at the corona of the glans penis in rows of one to three. They affect approximately 10 to 20% of men and are more common in uncircumcised men. They are asymptomatic, but many men are anxious about their nature; some are particularly concerned that they may have warts. PPP are considered a normal anatomic variant and are not contagious or malignant in any way. The diagnosis is clinical, and dermoscopy gives a typical appearance as well. Patients can be reassured as to the benign nature of these lesions, and they should be advised that a dermatologist can remove them successfully; however, this is accomplished with the use of various destructive devices (laser or electrocautery).

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A 10-year-old boy presents with a four-month history of an asymptomatic facial eruption. He has asthma and has used an inhaled corticosteroid and salbutamol for the treatment of this condition.

What is your diagnosis?
- Lip licker’s dermatitis
- Acne vulgaris
- Atopic dermatitis
- Perioral dermatitis
- Tinea faciei

Answer

Perioral dermatitis (answer d) is a common acneiform eruption on the face that occurs in both children and adults. The condition is characterized by perioral papules, papulovesicles, and/or papulopustules, which spare the vermilion border. The most common identifiable cause is the use of topical corticosteroids on the face. Perioral dermatitis may also result from the use of inhaled and, less frequently, nasal or systemic corticosteroids. Patients with an atopic diathesis are particularly susceptible to perioral dermatitis.

Lip licker’s dermatitis develops in individuals who habitually lick the lips and skin around the mouth; it is an irritant contact dermatitis caused by saliva. The erythematous lip licker’s rash involves the perioral area and characteristically includes the vermilion border of the lips. The skin is drier and can fissure, but papulopustules or vesicles are rare.

Acne vulgaris is characterized by noninflammatory, follicular papules or comedones and by inflammatory papules, pustules, and nodules in its more severe forms. Acne vulgaris affects areas of skin with the densest population of sebaceous follicles; these areas include the face, the upper part of the chest, and the back. A perioral distribution in a 10-year-old boy would be highly unusual.

Atopic dermatitis is a chronically relapsing dermatosis characterized by pruritus, erythema, exudation, excoriation, crusting, scaling, and, sometimes, lichenification. Often, there is a family history of atopy.

Tinea faciei is characterized by an erythematous, often circular, scaly patch or plaque with a well-defined border on the face. The lesion is often unilateral. As the lesion spreads peripherally, the centre often clears and produces the classic annular lesion that is responsible for the designation of ringworm.

Facial Eruption

Case 2

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A 16-year-old boy presents with an asymptomatic, hyperpigmented lesion on the right side of his back that has been there for approximately four years.

What is your diagnosis?

a. Becker nevus
b. Nevus spilus
c. Café au lait patch
d. Congenital melanocytic nevus
e. Tinea versicolor

Answer

A Becker nevus (answer a) typically begins in the second decade of life as a circumscribed, brownish macule or patch that gradually enlarges in an irregular fashion, similar to a geographical configuration. Hypertrichosis develops a few years after the pigmentation in about 50% of patients. The hairs generally appear in the region of the pigmentation but are not necessarily confined to that area; they become coarser and darker with time. The lesion is typically asymptomatic and unilateral, with a predilection for the shoulder and upper chest.

Although Becker nevus is usually an acquired disorder, congenital and familial cases have been described. Occasionally, it may be associated with ipsilateral breast hypoplasia, smooth muscle hamartoma, lipoatrophy, and musculoskeletal anomalies (including ipsilateral aplasia of pectoralis major, ipsilateral limb shortening, scoliosis, hemivertebrae, and spina bifida occulta). The term Becker nevus syndrome has been used to describe the association of a Becker nevus with noncutaneous anomalies.

Except for cosmesis, no treatment is necessary. The hyperpigmentation can be treated with Q-switched lasers with modest benefit. The hypertrichosis can be treated by laser hair removal.

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A 42-year-old man presents with multiple, asymptomatic, white macules and patches that have been slowly expanding over the extremities and body over the past five years. There is no family history of a similar skin disorder or autoimmune disease.

**What is your diagnosis?**

- Hypomelanosis of Ito
- Tuberous sclerosis complex
- Pityriasis alba
- Vitiligo
- Tinea versicolor

**Answer**

Typically, vitiligo (answer d) presents as acquired, melanotic macules and patches that appear chalk- or milk-white in colour. Lesions often show homogeneous depigmentation (not hypopigmentation) and are well-demarcated. Lesions are often symmetrical, spread centrifugally, and increase in size with time. The most common location is the face, followed by the neck, lower limbs, trunk, and upper limbs. It can also affect areas of trauma. A Wood’s lamp examination can help clarify the diagnosis.

Pityriasis alba is characterized by hypopigmented, round or oval macules or patches with fine, loosely adherent scales and indistinct margins. The lesions appear mainly on the face, especially the malar areas, and, occasionally, on the upper arms.

The most common dermatologic manifestations of tuberous sclerosis complex are hypomelanotic macules or “ash leaf spots.” Typically, the macules are rounded at one end and tapered at the other. The macules are usually present at birth and almost all lesions are evident within the first two-years of life.

Hypomelanosis of Ito is characterized by bizarre, macular, hypopigmented streaks, whorls, stripes, and patches, which conform to Blaschko lines. The lesions usually affect more than two body segments and are often present at birth or early childhood; they tend to fade in adulthood.

Tinea versicolor is a superficial infection of the skin caused by the dimorphic lipid-dependent yeast, *Malassezia furfur*. Lesions arise as multiple, small, circular macules that enlarge radially and have distinct margins. The eruption varies in colour from patient to patient, but each person’s lesions are of a single hue. Hyperpigmented, red to brown lesions erupt in fair-skinned patients, whereas those with dark skin tend to have hypopigmented lesions. These lesions are trunk predominant.
A 66-year-old, overweight male presents with a painful, bulging mass over his umbilical area

**What is your diagnosis?**

a. Epigastric hernia  
b. Lipoma  
c. Umbilical hernia  
d. Incisional hernia

**Answer**

Umbilical hernias (answer c) can be acquired as a result of a sudden or repetitive strain, pressure, or injury that weakens the abdominal wall. However, umbilical hernias can also be congenital or present at birth. In some cases, umbilical hernias are caused at birth by a weakness in the navel area where the umbilical cord exited the infant; the umbilical ring never quite heals. What exactly prevents the umbilical ring from closing completely is not known, though it is thought that many factors that affect the developing fetus are involved. For example, infants born prematurely may not have been given sufficient time in the womb for the abdominal wall to fully develop, which causes the weakness. This is why umbilical hernias are commonly found in infants, but they can occur at any time through late adulthood.

Depending on the severity of the hernia, it may be anywhere from 1 to 5” or more in diameter. In infants, hernias may slowly close, possibly delaying surgery until age three or four, unless the hernia causes problems before then. However, umbilical hernias that do not close by this time may require surgery. In adults, umbilical hernias can happen in those who have health challenges that create pressure in the belly, such as being overweight, being pregnant, or having too much fluid in the belly (e.g., ascites).

Other health problems can also lead to an umbilical hernia. These include a chronic cough or constipation and problems urinating because of an oversized prostate gland. Most of the time, a doctor can diagnose an umbilical hernia during a physical exam. In adults, an umbilical hernia will not heal and go away, and it is often caused by sudden or repeated strain or stress on the abdominal muscles. Often times, umbilical hernias in adults can become problematic in that incarceration or strangulation can occur, and immediate medical attention may become necessary.

As always, signs and symptoms of an umbilical hernia vary from person to person; however, the primary symptom is often a small, soft bulge under or around the navel area. The bulge may be visible, or it may only be felt when pushed on. Sometimes, the umbilical hernia is accompanied by pain or a burning sensation in the abdomen, and it may become more severe when lifting, coughing, or sneezing. This area may also become swollen and may appear red or a grey-blue on the surface.

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