

Images/Instrument in Dermatology/Dermatosurgery

Penoscrotal porokeratosis: An uncommon entity

Shahrukh Raza¹, Anupam Das¹, Hiral Shah²

¹Department of Dermatology, KPC Medical College and Hospital, Kolkata, West Bengal, ²Department of Dermatology, Baroda Medical College, Vadodara, Gujarat, India.



***Corresponding author:**

Anupam Das,
Department of Dermatology,
KPC Medical College and
Hospital, Kolkata, West Bengal,
India.

anupamdasdr@gmail.com

Received: 11 January 2024
Accepted: 05 February 2024
Published: 05 March 2024

DOI
10.25259/CSDM_12_2024

Quick Response Code:



A 29-year-old gentleman presented with a four-month history of redness, mild pruritus, and discomfort over the scrotum and shaft of the penis. There was a history of application of topical steroids and antifungal combination creams, but there was no change in the lesions. Mucocutaneous examination revealed multiple well-circumscribed annular plaques characterized by a typical thready raised margin distributed over the scrotum and base of the penis extending toward the shaft [Figure 1]. There were no similar lesions elsewhere in the body. Hair, nails, and mucosae were normal. Venereal disease research laboratory test was non-reactive, and routine laboratory investigations were within normal limits. Punch biopsy followed by histopathology revealed classical cornoid lamella [Figure 2]. Based on clinicopathological correlation, a diagnosis of penoscrotal porokeratosis has been made. He has been prescribed mometasone furoate 0.1% cream.



Figure 1: Multiple well-circumscribed annular plaques with a thready border.

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

©2024 Published by Scientific Scholar on behalf of CosmoDerma

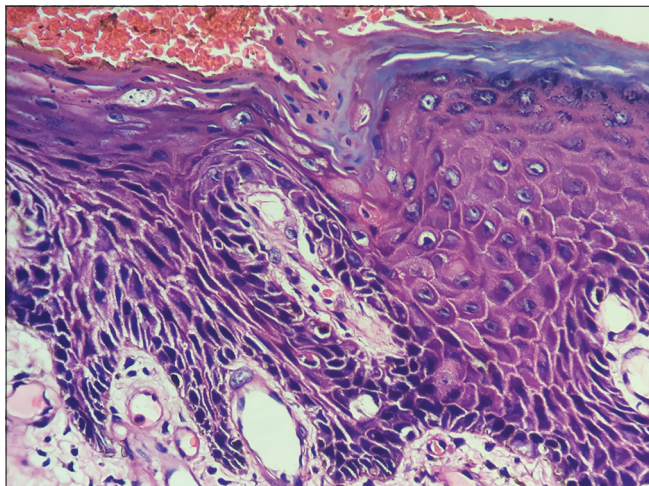


Figure 2: Photomicrograph showing parakeratotic column of cells overlying hypogranulosis (H&E, ×100).

Penoscrotal porokeratosis is classically seen in young men in their third decade of life. Patients usually present with extremely itchy plaques and patches with a rough granular surface distributed over the shaft of the penis and anterior scrotum.^[1,2] Differential diagnoses of penoscrotal porokeratosis include lichen planus, psoriasis, sarcoidosis, and secondary syphilis.

Ethical approval

The Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

REFERENCES

1. Joshi R, Jadhav Y. Penoscrotal porokeratosis: A distinct entity. *Indian Dermatol Online J* 2015;6:339-41.
2. Das A, Vasudevan B, Talwar A. Porokeratosis: An enigma beginning to unravel. *Indian J Dermatol Venereol Leprol* 2022;88:291-9.

How to cite this article: Raza S, Das A, Shah H. Penoscrotal porokeratosis: An uncommon entity. *CosmoDerma*. 2024;4:26. doi: 10.25259/CSDM_12_2024