

## **Rhinosporidiosis: A Rare Differential Diagnosis for Penile Condyloma Accuminata**

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**Abstract:** Rhinosporidiosis, caused by *Rhinosporidium seeberi*, commonly presents as mass involving nasopharynx & anterior nares. But it may present in different way, making the diagnosis difficult. We would like to report a case which was clinically looking like penile condyloma accuminata involving the penile meatus. But on histopathology it came out to be a case of Rhinosporidiosis. The objective of this case report is to make the health professionals aware of this rare differential diagnosis, whenever someone clinically diagnosing a case of penile condyloma accuminata.

**Keywords:** Rhinosporidiosis, penis, condyloma accuminata.

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### **INTRODUCTION**

*Rhinosporidium seeberi*, the causative organism of Rhinosporidiosis, has been identified as fungus. 90% cases are detected from Asia mainly Srilanka, India, Pakistan and other adjoining countries. People are affected by bathing in contaminated pond water in rural areas. Mainly affects nasal mucosa (70%), Nasopharynx (6%) and conjunctiva [1]. Genital Rhinosporidiosis is very rare. Only few case reports and some case series are found in the literature. So it does not come to our mind when we see a case of some growth or some eruption over penis. In case of penile involvement urethral polyp is the most common presentation with Rhinosporidiosis. Sometimes presentation may mimic malignancy [2]. Our case was clinically diagnosed as condyloma accuminata which is comparatively a common finding. But it proved to be wrong on histopathology.

### **OBJECTIVE**

The objective of this case report is to make people aware of this rare entity. So that these cases are diagnosed and treated properly.

### **CASE REPORT**

A 62yr old man from a remote village in West Bengal presented to a local doctor with some Wart like lesion at penile meatus. There was no history of sexual exposure. The doctor suspected it to be a case of condyloma accuminata of penile meatus. But for confirmation, he advised an incisional biopsy of the lesion. Histopathology report showed it to be a case of Rhinosporidiosis. The patient presented to our outpatient department

with both the penile lesion and the histopathology report.



**Fig-1: Our patient with Meatal Rhinosporidiosis**



**Fig-2: File picture of a case of condyloma accuminata**

We excised the lesion and reconstructed the meatus



**Fig-3: The lesion excised**

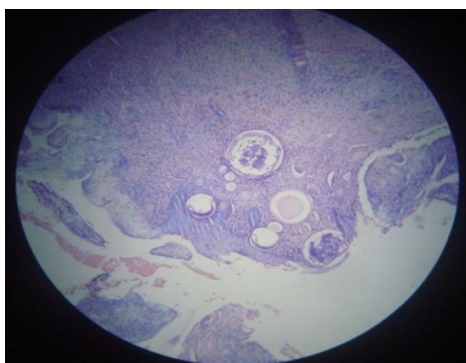


**Fig-4: After Meatal reconstruction**

The postoperative period was uneventful. Catheter was removed after seven days post-op.



**Fig-5: Recent picture**



**Fig-6: Histopathology showing sporangia**

At present he is voiding well. There is no recurrence even after two years.

## DISCUSSION

Condyloma accuminata or genital wart is the most common sexually transmitted disease now a days, even suppressing genital herpes[3]. It occurs due to infection with HPV virus which is a double stranded DNA virus. Due to the characteristic lesion, the disease is generally diagnosed clinically. It is commonly treated with chemical or electro-cautery. Large lesions are excised. On the contrary Rhinosporidiosis is a fungal infection which should be excised. Otherwise chance of recurrence is high. In our case the treating doctor did an incisional biopsy which diagnosed this rare entity. If he had started the treatment with clinical diagnosis only, the poor patient would have suffered a lot. Histopathology is the only way of diagnosis. The hallmark of Rhinosporidiosis is demonstration of sporangia in different stages of maturation under microscopy.

## CONCLUSION

In the South Asian countries like India, Rhinosporidiosis is to be kept in mind whenever someone diagnosing a case of genital wart. Any suspicious lesion should undergo incision/ excision biopsy.

## REVIEW OF LITERATURE

First case of genitourinary Rhinosporidiosis was reported from India by Dhayagude in 1941. After that a few more case reports and some case series have been published. Sasidharan *et al.*; reported a series of 27 cases in 1987 [4]. Dr. Pal from West bengal published a series of five cases of genital Rhinosporidiosis. Bathing in contaminated water seems to be the probable cause of Rhinosporidiosis. Though Symmers has reported a case of suspected sexual transmission [5], man to man or animal to man transmission has not been reported by any other observer so far.

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