

Penile Granular Hemangioma Treated With Intralesional SclerotherapyPartha Pratim Deb^{1*}, Amarendranath Sarkar²¹RMO cum clinical tutor, MCh, department of General surgery, North bengal medical college, Darjeeling, India,²Associate professor, MS, department of General surgery, North bengal medical college, Darjeeling, India***Corresponding author**

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Abstract: Hemangiomas are benign vascular lesions occurring in all parts of the body but are rarely found in the glans penis. Treatment options available for these lesions are sclerotherapy, cryotherapy, laser fulguration and surgical excision. But due to the rarity of these lesions there is no best consensus for treatment. We are reporting a rare case of hemangioma of glans penis in a 28 year old boy successfully treated with intralesional sclerotherapy using 2 ml of 3% sodium tetradecyl sulfate. Lesion resolved after 8 weeks of sclerotherapy and there was no recurrence in 6 months of follow up.

Key words: Hemangioma, glans penis, sclerotherapy, intralesional.

INTRODUCTION

Hemangiomas are benign vascular malformations. They are rarely found in the urinary tract, even more rarely in the genitalia [1]. External genitalia constitute 1-2% of all hemangiomas [2]. They can occur anywhere near genitalia starting from glans to perineum caudally and to anterior abdominal wall cranially [3]. There is no clear consensus for their management although several options of treatment are available like surgical excision, laser fulguration, intralesional sclerotherapy, and cryotherapy. Here, we report a case of granular hemangioma successfully treated with intralesional injection of sodium tetradecyl sulfate on outdoor basis.

CASE REPORT

A 28 year old labour presented to us with complaints of gradually increasing swelling over the glans penis for the last 5 years which was insidious in onset. There was no history of any urinary complaints, difficulty of erection or bleeding from the lesion.

On examination, there was a raised bluish red lesion of size 1.5cm X 1cm over the right dorsolateral portion of glans penis (fig.1). The lesion was having smooth surface, irregular margin, compressible, nontender and nonpulsatile. There was no similar lesion in any other part of the body. Color Doppler studies confirmed the presence of hypoechoic lesion on the dorsal aspect of glans penis and low flow state of the lesion.

Intralesional injection of 2 ml (60mg) of sodium tetradecyl sulfate instilled into the lesion after giving penile block with 2% lignocaine on outdoor basis. We used 26G intramuscular needle for injecting sclerosant directly into the hemangioma. Compression over the hemangioma was applied for 10 minutes after which it was released. Pressure dressing was applied over the glans penis for 48 hours following the procedure. After 2 weeks of intralesional sclerotherapy, the lesion turned into a scab (fig.2) which spontaneously came out in next few days and turned into an ulcer and the lesion disappeared after 8 weeks (fig.3). There was no recurrence at 6 months of follow up.



Fig-1: A raised bluish red lesion of size 1.5cm X 1cm over the right dorsolateral portion of glans penis



Fig-2: After 2 weeks of intralesional sclerotherapy, the lesion turned into a scab

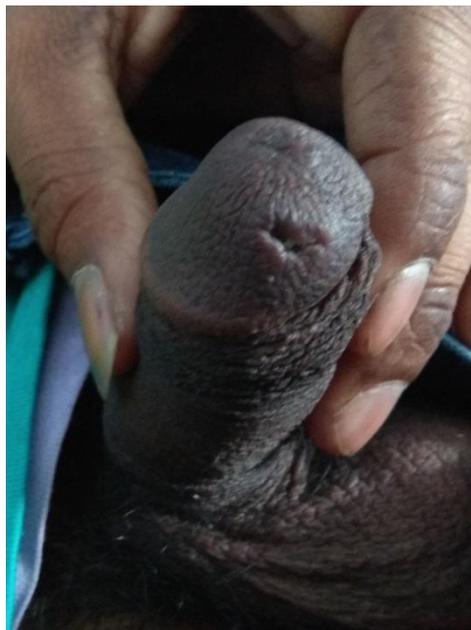


Fig-3: an ulcer and the lesion disappeared after 8 weeks

DISCUSSION

Very few cases of hemangiomas have been reported since they were first reported by Bouley in 1891 [4]. They can present since birth but mostly they are noted in adolescence as penile mass or due to concern about cosmetic appearance. Usually they are painless but they may be associated with pain, bleeding and ulceration [5].

Treatment decisions have to be taken after considering the size of the lesion, cosmetic outcome and cost of treatment. Among the treatment options, no operative treatments like laser (carbon dioxide laser, Nd: YAG laser) and intralesional sclerotherapy (sodium tetradecyl sulfate, polidocanol, hypertonic saline) has been used primarily for smaller granular lesions with good outcome [6, 7]. Surgical excision of these lesions is not favored because of the risk of bleeding due to high vascularity and possibility of scar formation [8].

Nd:YAG laser and carbon dioxide laser were used for smaller granular lesions but the cost of therapy was much higher although cosmetic outcome was good.

There was successful application of intralesional sclerotherapy with hypertonic saline in granular lesion by Hemal *et al.* [9] and with 2% policosanol by Savoca *et al.* [10]. But caution must be exercised when using large volume of sclerosant due to the risk of necrosis of erectile tissue and major complications like thrombophlebitis and pulmonary embolism. Also a clear cut plane must be demarcated between the lesion and cavernously tissue before the procedure. So it is used to treat small lesions of glans penis sometimes along with laser therapy. Successful use of cryotherapy for treatment of genital hemangioma was reported by Goldwyn and Rosoff [11].

Previously surgical excision was recommended for all lesions due to risk of trauma and bleeding although the risk is very low. Treatment of these lesions is justified by cosmosis, persistent symptoms and risk of infertility. Presently, surgical excision is recommended for large or multiple hemangiomas because of no feasibility of nonsurgical options and possibility of complete removal in single setting. Due to the cosmetic importance lesions of glans penis have poor outcome by surgical treatment [8].

CONCLUSION

Intralesional sclerotherapy is a viable and less expensive option for treatment of hemangioma of the glans penis especially for the smaller lesions.

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