

Lipoma in Penis: A Rare Cause of Sexual Dysfunction

Pawan Tiwari^{*1}, Madhu Tiwari².

¹Associate Professor, Department of Surgery, Faculty of Medicine and Health Sciences, SGT University, Budhera, Gurgaon, Haryana, India.

²Associate Professor, Department of Anaesthesia, Faculty of Medicine and Health Sciences, SGT University, Budhera, Gurgaon, Haryana, India.

*Corresponding Author:

Name: Dr. Pawan Tiwari

Email: tiwaripawan58@gmail.com

Abstract: A case of a young male patient, twenty six years of age who consulted for removal of a penile lump is presented. This site of lipoma is rare. The small, regular, well-circumscribed sessile tumor localized on the ventral aspect of the penis was excised. The histopathological analysis showed a benign lipoma. A review of the literature showed lipoma of the penis to be very uncommon. For this reason, we were prompted to report this case.

Keywords: Lipoma, Penis

INTRODUCTION

Lipoma is a benign tumour of fat cells [1]. It is an ubiquitous tumour in human body. It is commonly found in aged patients and constitutes about 5% of other soft tissue tumours [2-4]. Males are more frequently affected [3]. Usually lipoma is found over the trunk followed by limbs. Head and neck region is less commonly involved by this malady while the oral cavity is very less common site to harbour lipoma [2]. Lipoma over penis is very rare occurrence [4].

Lipomas are slow growing tumours but their exact etiology is not known properly, certain factors implicated are trauma, infection, hormonal variations and chronic irritation [3,5,6]. Hereditary predilection is not necessary but certain conditions like familial lipomatosis may lead to development of lipoma. Superficial subcutaneous lipoma is the most common variety.

Clinically lipoma is found to have lobular mass with margins slipping under examining fingers. On cut section lipoma exhibits yellowish pink surface covered by capillary network [3,6, 7]. Some reports of malignant transformation of lipoma are there in literature [2], but they lack in valid documentation [3,8]. Lipoma are not life threatening except when they grow in an internal vital organ [3]. But when the lipoma grows over penis it can cause psychological problem as well as mechanical problem during sexual intercourse [4].

CASE REPORT

A twenty six years old married male patient presented with a small rounded swelling on the ventral

aspect of the penile shaft (Fig.1) with some sexual dysfunction due to mechanical obstruction for last three months following marriage. In the past, the lesion never caused any symptom but after marriage, although unchanged in size, he was affected due to difficulty in penetration. The sessile, regular, well-circumscribed & lobulated tumor on the ventral aspect near corona glandis, was slowly growing painlessly for last nine to ten years and was measuring about 2.5cm X 2.5cm. Investigation for other cause of sexual dysfunction was negative and he was suggested for surgical removal. Surgical excision of the lump (Fig.2) was done along with overlying skin under penile block. Histopathological examination of the excised tumor revealed benign lipoma. The patient recovered from the dysfunction thereof and improved sexually, aesthetically and psychologically.



Fig-1: Pre-Operative: Lipoma Penis At Frenulum



Fig-2: Per-Operative: Lipoma Penis

DISCUSSION

Lipoma of the penis is a rare entity. To our knowledge, lipoma of penis has never before been reported from Indian subcontinent. Although asymptomatic and of low objective significance they often cause aesthetic and psychogenic problems as well as mechanical sexual dysfunction [4]. Here in the presented case of penile lipoma, it was responsible for sexual dysfunction. The penis comprises of three main components, the dorsally situated two corpora cavernosa, and the ventrally lying corpus spongiosum which encloses the urethra. These components are covered by areolar tissues which are all covered by a skin layer. The skin of the penis is thin, darkish in color, and without any fat tissue beneath it. It is loosely connected to the penile shaft, which allows for easy sliding movement over the shaft. This

membrane passes backwards at the ventral part of the prepuce and creates the frenulum, a longitudinal fold attached to the urethral meatus. Histologically fat cell is absent from all layers of the penis. So the development of penile lipoma is unusual. But the improvement of sexual function after excision justifies surgery which was done not only for functional but for aesthetic reasons as well.

REFERENCES

1. Bancroft LW, Kransdorf MJ, Peterson JJ, O'Connor MI; Benign fatty tumors: classification, clinical course, imaging appearance and treatment. *Skeletal Radio*, 2006; 35: 719-733.
2. Fregnani ER, Pires FR Falzoni R, Lopes MA; Lipoma of the oral cavity, clinical and histological classification and proliferate activity of 46 cases. *Int J Oral Maxillofac Surg*, 2003; 32: 53-55.
3. Lucas RB; Tumours of adipose tissue. *Pathology of tumours of adipose tissue*. London: Churchill Livingstone; 1984: 176-179.
4. Perimenis P, Liassikos E, Athanasopoulos. A; Penile lipomas, cause of sexual dysfunction. *International Urology and Nephrology* 2002; 34: 3-4.
5. Meraj S, Narasimhan G, Gerber E; Bladder wall lipoma. *Urology*, 2002; 60: 164x-164xi.
6. Wallace D; Lipoma of the corpus callosum. *J Neurol Neurosurg Psychiatry*, 1976; 39: 1179-1185.
7. Chaitin BA, Goldman RL, Linker DG; Angiomyolipoma of penis. *Urology*, 1984; 23: 305-306.
8. Khanna S; Epidermoid cyst of the glans penis. *Eur Urol*, 1991; 19: 176-177.