This 60 year old gentleman attended the sexual health clinic giving a long standing history of recurrent glans penis soreness and itching. He had been treated with clotrimazole and hydrocortisone cream intermittently with some relief from his symptoms, but they always reoccurred.

On examination he had several raised thin pale plaques, which looked very much like HPV (warty). He was treated with aldara and asked to return for review. Unfortunately he didn't come back for a year. There had been some response to the aldara for the 4 weeks he used it.

When he was re-examined the plaques were still present but there was a tiny ulcer, which he said had been there for 6 months. (arrowed in the picture).

Given the non-resolving ulcer I performed a punch biopsy, this showed:

MACROSCOPIC DESCRIPTION OF SPECIMEN:

Penis biopsy: Punch biopsy 3mm in diameter and 2mm deep.

HISTOLOGY REPORT:

This is squamous mucosa showing squamous cell carcinoma in situ, at least.

He was referred for surgery and had a local excision and a circumcision and remains under review.
Penile cancer is a very rare male cancer, around 400 men are diagnosed in the UK each year. This cancer is more common in men over 50 years old. Over half have oncogenic HPV types present, usually 16 or 18. Hopefully we may see less cases with HPV vaccination.

Things to look out for:
Symptoms include but are not limited to:

- **Changes in the colour of the skin on the penis and or thickening of skin on the penis**
- **Sore or growth on the penis which may present bleeding or discharge**
- **Flat growth which may be crusty and are bluish/brown colour or red rash, these often sit behind the foreskin and can only be seen when it is pulled back.**

Early referral / biopsy is the key when any penile rash (and especially ulcers) are not resolving.
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