

## Primary Tuberculosis of Glans Penis: a Case Report

\*Hasan MZ<sup>1</sup>, Khondker HH<sup>2</sup>, Khatun M<sup>3</sup>, Talukder SI<sup>4</sup>

Primary tuberculosis of the glans penis is extremely rare. We report a case in a 42 years old man who presented with an ulcer over glans penis. The diagnosis of tuberculosis was confirmed by biopsy and response to anti tuberculosis chemotherapy. There was no co-existing tuberculous infection elsewhere. The wife of the patient was suffering from chronic cervicitis with pregnancy. The possibility of acquiring the disease following sexual contact could not be ruled out. The importance of biopsy in the diagnosis of chronic genital ulcer is emphasized.

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**Key words:** Tuberculosis, glans penis

### Introduction

**T**uberculosis is common infectious disease in Bangladesh. Frequent primary sites of this infection is lung and lymph node in this region. Primary tuberculosis of the glans penis is extremely rare. We found a case with ulcer on glans penis which was ultimately diagnosed histopathologically as tuberculosis. As a rare case it is reported in this article.

### Case Report

A 42 year male patient presented with recurrent papule formation with little itching on his glans penis, which soon rupture and turn to an ulcer. Small ulcers coalesce to form larger ulcer (fig 1). This repeated bout of ulcer formation was going on for several months. He was circumscised and no complaint with urination. In spite of various treatments received from various private practitioners, his genital sore did not respond.

We initially took wound swab for non specific bacteriological culture along with urine culture and started systemic and topical antibiotics. Culture yields no growth and very little response shown with antibiotic therapy for a month. He was a married man, exposed only to her wife, who was suffering chronic cervicitis for a long time and pregnant at that time. At this stage we have taken a biopsy from the ulcerated area that revealed granulomatous lesion compatible with tuberculosis. We examined and investigated further the patient for tuberculosis any where in the body especially pulmonary and genito-urinary system. Patient was free from any sexually transmitted disease or any other significant diseases. We started four drug anti-TB therapy and followed up the patient monthly for six months. At one month ulcerated area became dry and at the end of anti-TB therapy wound healed with scar formation

1. \*Dr. M. Zahid Hasan, Assistant Professor, Department of Urology, Dinajpur Medical College, Dinajpur, Bangladesh
2. Dr. Md. Hamidul Haque Khondker, Professor, Department of Orthopaedic Surgery, Dinajpur Medical College.
3. Dr. Maksuda Khatun, Professor of Pharmacology, Rangpur Medical College
4. Dr. Md. Sadequel Islam Talukder, Assistant Professor, Department of Pathology, Dinajpur Medical College, Dinajpur.

\*For correspondence



Figure 1. Ulceration of glans penis

### Discussion

Even though it is considered to be rare, tuberculosis of the penis may manifest as primary, secondary, or papulonecrotic tuberculide type.<sup>1-4</sup> Clinically, it may present as superficial ulcers of the penis or tuberculous cavernositis or papulonecrotic tuberculide, a form of cutaneous tuberculosis, represents an allergic reaction to bursts of antigens reaching highly immune skin following haematogenous spread from an internal focus.<sup>5</sup> Papulonecrotic tuberculides are mostly extragenital, but rarely genitalia may be involved.<sup>6</sup> Sometimes, the glans penis alone may be involved as in our patient and then diagnosis becomes difficult. Under these circumstances, it needs to be differentiated from atypical soft sore, syphilis, recurrent herpes simplex, and malignant ulcer.<sup>7</sup> The diagnosis of such cases rests on biopsy, tuberculin testing and, in doubtful cases, a therapeutic test is usually decisive.<sup>8</sup> The possibility of tuberculosis as a cause of chronic ulcer on the penis has to be kept in mind especially in countries where tuberculosis is highly prevalent.

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