The case

A 23-year-old uncircumcised male presented to Dermatology with a 1-year history of an asymptomatic well marginated erythematous plaque on his meatus and glans penis (Figure 1). He denied dysuria, discharge, and had no systemic symptoms. Previous treatment with nystatin was unsuccessful. Sexually transmitted disease testing, including chlamydia, gonorrhea, HIV, and syphilis was negative. He was prescribed pimecrolimus 1% topical cream for concern of genital psoriasis. At follow up 6 weeks later, the rash had worsened. A 3-mm punch biopsy of the lesion was taken (Figure 2) and was consistent with plasma cell balanitis (Zoon’s balanitis). Zoon’s balanitis is an idiopathic disease that is common in uncircumcised men. It can easily be confused with erythroplasia of Queyrat (carcinoma in situ); necessitating biopsy. The patient was referred to Urology for circumcision, which is considered curative. Incidentally, he also was noted to have pearly penile papules.

Figure 1 Well marginated erythematous plaque on the glans of the penis.

Figure 2 The lesion after a 3-mm punch biopsy with good visualization of the incidental pearly penile papules.
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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Informed consent was obtained from the patient for publication of this manuscript and any accompanying images.

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