

BENIGN LESIONS	LESION	ETIOLOGY	OTHERS
CONDYLOMA ACUMINATA	Genital warts	HPV 6,11	Usually asymptomatic Lesions often resolve spontaneously (MONTHS-YEARS) TX: Imiquimod 5%, cryotherapy, CO2 laser, excision
PEARLY PENILE PAPULES	Small papules, corona line of the glans	Not associated with HPV	Non-contagious, common Treatment no necessary Cosmesis: CO2 laser, electrocautery, excision
ANGIOKERATOMA OF FORDYCE	Hyperkeratotic veins (scrotum, penis) Blue purple spots	Not associated with HPV	Treatment no necessary Cosmesis: CO2 laser, electrocautery, excision
FORDYCE SPOTS	Ectopic sebaceous glands, not associated with follicles Yellow/white painless papules	Not associated with HPV	Treatment no necessary Cosmesis: CO2 laser, electrocautery, excision
ZOON's BALANITIS	Solitary, persistent erythematous plaque	Unknow	Middle-aged to old-aged men Chronic inflammatory disease. Plasma cells Diff Dx with E. Queyrat (in situ SqCC): BIOPSY! TX: Topical corticosteroids, tacrolimus, circumcision, CO2 laser

Human papillomavirus (HPV)

LOW RISK: 6, 11

HIGH: 16,18,31,33,35,39,45

VACCINE9VALENT:6, 11,16,18,31,33,45,52,58: **boys and girls 11-12 yo**

Strong association premalignant lesions with inflammation. Smegma: not carcinogen

PREMALIGNANT LESIONS	LESION	ETIOLOGY	OTHERS
BOWENOID PAPULOSIS	Multiple, small skin-coloured to reddish-brown papules	HPV 16-18	Common in young men. Highly contagious, Majority benign course but a transformation to SqCC possible TX: excision, cryotherapy, electrocautery, CO2, 5-FU
LEUCOPLAKIA	White verrucous plaques mucosal surfaces	Not clear	Associated to SqCC TX: excision, circumcision
BALANITIS XEROTICA OBLITERANS (liquen sclerosus et atrophicus)	Induration prepuce/glans skin	Not clear aetiology/autoimmune?	Chronic, progressive. May cause meatal strictures DX: Biopsy (if atypical, poor response to treatment) Associated SqCC TX: topical steroids, circumcision, tacrolimus. If asymptomatic may observation
PENILE HORN	Conical, exophytic lesion	Not clear HPV ?	Associated with areas of chronic inflammation SqCC (30%), VERRUCCOUS CARCINOMA TX: Excision
CARCINOMA IN SITU 1.Erythroplasia of Queyrat 2.Bowen's disease	1.Velvety red plaques: GLANS/PREPUCE 2. Well-demarcated erythematous thin plaque/ SHAFT	HPV 16-18	May progress to invasive SqCC DX: Biopsy TX: Excision, Mohns surgery, Circumcision, CO2, 5-FU,
BUSCHKE-LOWENSTEIN Giant condiloma acuminata	Locally destructive verrucous plaque	HPV 6,11	Destructive, slow-growing, not metastatize, invasive Potential malignant transformation to SqCC TX: Wide surgical excision + topical