

16.8 Penile Skin Lesions

DEFINITION Most penile skin lesions are benign in origin; however, since penile cancer may first appear as subtle lesions on the lateral surface of the penis, penile cancer must be included in the differential of penile lesions. Penile cancer is very rare in the US. It is more common in uncircumcised men. It can present at any age, but tends to be seen mostly in men 60-80 years old. Penile skin lesions to be considered – HPV, lichen sclerosis, molluscum contagiosum, pearly penile papules* and STI related lesions. These can be confirmed by culture and/or biopsy if diagnosis is uncertain. Kaposi’s sarcoma, a non-benign lesion must also be considered in a HIV positive client.

SUBJECTIVE May include:
1. New mole, papule, skin change, ulcer or wart on the penis
2. Enlarged inguinal nodes

OBJECTIVE May include:
1. No symptoms
2. Penile discharge
3. Lesion(s), warts, papules

LABORATORY May include:
1. Chlamydia
2. Gonorrhea
3. HSV
4. HIV
5. RPR/VDRL

ASSESSMENT Based on physical exam

PLAN 1. Treat per current CDC STI guidelines (See appropriate protocols in clinical manual)

PATIENT EDUCATION
1. STI education and risk reduction
2. Reassurance for normal variations such as pearly penile papules

REFER/CONSULT PHYSICIAN 1. Refer as appropriate

***Pearly Penile Papules** are benign lesions that are usually seen in the circumscribed area around the penile corona or sulcus. They are flesh colored, not STI-related and usually present in men age 20-30. They are most frequently asymptomatic long before their appearance. Often the client presents with concerns about STIs or cancer when the lesions are new. Pearly penile papules may persist throughout life and require no treatment. They only require reassurance and observation.