

Plasma cell balanitis

Gavin Cardwell¹, Alyson Brinker²

¹Navy Medical Center San Diego, San Diego, California, USA; ²Department of Dermatology, Naval Medical Center San Diego, San Diego, California, USA

Correspondence to: Gavin Cardwell, DO. 111 W Pennsylvania Ave San Diego, CA 92103, USA. Email: GCardwell67@yahoo.com.

Received: 21 February 2020; Accepted: 10 March 2020; Published: 25 March 2021.

doi: 10.21037/amj-20-29

View this article at: <http://dx.doi.org/10.21037/amj-20-29>

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 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.

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: Both authors have completed the ICMJE uniform disclosure form (available at <https://amj.amegroups.com/article/view/10.21037/amj-20-29/coif>). The authors have no conflicts of interest to declare.

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. All procedures performed in this study were in accordance with the ethical

standards of the institutional and/or national research committee(s) and with the Helsinki Declaration (as revised in 2013). Informed consent was obtained from the patient for publication of this manuscript and any accompanying images. A copy of the written consent is available for review by the editorial office of this journal.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/amj-20-29

Cite this article as: Cardwell G, Brinker A. Plasma cell balanitis. AME Med J 2021;6:10.