

Clinical features

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Many patients present late as a fungating/ulcerative growth (Figure 85.24), either because of embarrassment or because of misdiagnosis. About 10% of patients are under 40 years of age. By the time the patient presents, the growth is often large and secondary infection causes a foul, bloody discharge. There is typically little or no pain. Around 50% have inguinal lymph node enlargement at presentation but the nodal enlargement often reflects infection. In many , the prepuce is non-retractile and must be split to view the lesion. A biopsy should be performed to make the diagnosis. Untreated, the whole glans may be replaced by a fungating offensive mass. Later, the inguinal nodes can erode the skin of the groin and, in rare cases, death of the patient can result from erosion of the femoral or external iliac vessels.

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