LYMPHANGIOMA CIRCUMSCRIPTUM

Lymphangioma circumscriptum, also known as microcystic lymphatic malformation, is a benign saccular dilatation of the cutaneous and subcutaneous lymphatics.⁷ The condition is usually congenital but can be acquired. The latter may result from damage to and obstruction of lymphatic vessels with subsequent lymphectasia. Acquired causes of lymphangioma circumscriptum include filariasis, tuberculosis, scrofuloderma, lymphogranuloma venereum, hidradenitis suppurativa, lichen planus, scleroderma, recurrent cellulitis, severe herpes simplex infection, Crohn disease, local surgery, and radiotherapy.⁷⁸ Congenital lymphangioma circumscriptum usually occurs at birth or shortly thereafter, while the acquired type can occur at an age.⁷

Lymphangioma circumscriptum is characterized by clusters of vesicles resembling frog spawn. The color depends on the content. Whitish, yellow, or light tan coloration is due to the color of the lymph fluid, while reddish or blue coloration is due to the presence of erythrocytes in the lymph fluid as a result of hemorrhage and hemoglobin degradation (Figures 1-3).⁹ Typical dermoscopic features include yellow lacunae surrounded by pale septa without inclusion of blood and pink to yellow lacunae alternating with bluish or dark red lacunae due to inclusion of blood.⁴

Intermittent swelling, hemorrhage, or oozing of fluid from the superficial vesicles may occur.⁸⁰ With time, the vesicles may undergo verrucous changes and have a warty appearance.¹⁹ The condition is usually asymptomatic but occasionally can cause pruritus or pain.¹⁹ Sites of predilection include the trunk, oral cavity, buttocks, axilla, proximal extremities, and less commonly, the genitalia.¹²¹³

PEARLY PENILE PAPULES

Pearly penile papules, also known as papillae coronae glandis or papillomatosis corona penis and hirsuties coronae glandis, are benign lesions of the penis.¹⁴ Clinically, pearly penile papules present as small, smooth, soft, flesh-colored, pearly white, yellowish, pinkish, or rarely completely
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At times, these rows are closely aggregated and range from 1 to 2 mm in diameter and 1 to 4 mm in length. They are usually uniform in size and shape and are symmetrically distributed. Typically, the papules occur in a single, double, or multiple rows circumferentially distributed on the corona and sulcus of the glans penis. The papules tend to be more prominent on the dorsum of the corona and less prominent toward the frenulum. At times, these rows may encircle the glans penis entirely. Profound proliferating papules running radially from the urethral meatus to the corona, confluent over the entire glans penis, have been described. Rarely, the papules are found on the dorsal and ventral penile shaft.

Pearly penile papules usually develop in postpubertal boys, with a peak in late adolescence and early adulthood. Thereafter, the incidence decreases with age. The incidence has been estimated from 8% to 38% in adolescent boys and young men worldwide. The condition is less common among circumcised boys and more common among African American boys. The papules are asymptomatic and are often discovered incidentally. Pearly penile papules are benign and do not undergo malignant transformation. Structurally, they are related to angiofibromas.

For someone who is familiar with the condition, it is a spot diagnosis. For someone who is not familiar with the condition, pearly penile papules are often mistaken for genital warts or sexually transmitted diseases and can lead to undue anxiety. The diagnosis can be aided by dermoscopy, which shows a whitish-pink grape-like or cobblestone pattern in a few rows with each papule containing central dotted, hairpin, or comma-like vessel structures surrounded by whitish crescent-shaped rims. Unlike genital warts, pearly penile papules do not show desquamation, which is seen as an irregular reflection on dermoscopy.

REFERENCES

18. Agrawal SK, Bhattacharya SN, Singh N. Pearly penile papules: a review. Int J Der-


