

LYMPHANGIECTASIS OF PENIS

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ABSTRACT — Lymphangiectasis or lymphangitis of the penis is reported in 6 patients, and the literature is reviewed. The condition seems to be benign and transient and probably related to sexual activity.

Over the past four years six men, twenty-four to forty years' old, have been seen with what appeared to be dilated lymphatic vessels on the dorsum of the penis. These were tense, irregular, tortuous, translucent vessels 1 to 2 mm. in diameter and a few centimeters long, just under the skin, running generally transversely behind the coronal sulcus and more longitudinally along the shaft of the penis. They appeared to be filled with clear fluid. Some had slight edema and tenderness, but there was no redness. These patients had a history of sexual activity. They were otherwise well and had no evidence of venereal or other disease. The condition subsided spontaneously in one to six weeks, and there have been no recurrences.

Comment

This phenomenon does not appear to have been described in the urologic literature, but it seems to be the same as lymphangiectasis or lymphangitis of the penis reported in dermatologic and venereologic journals.

Hutchins, Dunlop, and Rodin¹ described a "painless, hard, nodular, translucent cord that suddenly appears in the penis and is usually confined to the coronal sulcus." They called it "benign transient lymphangiectasis" and reported on 45 cases in the literature as well as 21 of their own. They considered it to be the same as "nonvenereal sclerosing lymphangitis" or "lymphocele," and that it occurred in both

circumcised and uncircumcised men between seventeen and sixty, lasted from three days to five months, usually after vigorous sexual activity, but did not appear to be related to venereal disease (although some patients had concurrent or previous gonorrhea, syphilis, nonspecific urethritis, or lymphogranuloma venereum). Examination of aspirate was negative on darkfield microscopy, and cultures for bacteria, herpes, chlamydia, and mycoplasma were negative. Aspiration was followed by rapid recurrence, but the condition in all instances subsided regardless of therapy.

McMillan² described this disease, and results of biopsies in 4 cases were "edematous thickening of the lymphatic vessel wall" and "minimal inflammatory reaction in the form of infiltration with lymphocytes."

Findlay and Whiting³ reported on Mondor phlebitis of the penis, possibly a different condition, in which the relatively straight subcutaneous veins of the penile shaft become thickened and inflamed. Biopsy results in their cases showed vascular lumens "filled with clot invaded by a dense mass of cells, comprising disintegrating polymorphs in the center, and a thick cuff of lymphocytes at the periphery." Their description of "sudden, virtually painless, cord-like linear subcutaneous swellings in the post-coronal or dorsal regions of the shaft of the penis" and the benign course of the disease are similar to the cases of lymphangitis or lymphangiectasis.

Fiumara⁴ described "nonvenereal sclerosing lymphangitis" as a "purplish cord-like structure" with a similar clinical course. He observed that it first had been described by Hoffman in 1923.⁵

This condition seems to be fairly common, despite the paucity of reported cases. Since it subsides spontaneously and most often is painless, it often may not come to the urologist's attention. The patients appeared to have lymphangiectasis rather than lymphangitis or phlebitis, though the dilated lymphatics may have been blocked by localized inflammation, probably brought on by sexual activity.

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References

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