

Clinical Image

Lichen Sclerosus ET Atrophicus Induced Acquired Phimosis

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A 71-year-old, uncircumcised man developed phimosis and decreased penile sensitivity (Figure 1). After observing his hardened foreskin, Lichen Sclerosus ET Atrophicus (LSA) was thought to be the most probable disease, hence circumcision was performed. The foreskin exhibited atrophy and hardening in the central area (Figure 2). Histologically, it showed collagen sclerosis in the dermis and dermal lymphocytic infiltration, and was consequently diagnosed as LSA.

LSA is a chronic inflammatory dermatosis, causing fibrotic and atrophic cutaneous disorder of unknown etiology [1]. Although the incidence of LSA was reported as 32% among acquired phimosis



Figure 1: Clinical and histological findings of the circumcised foreskin. Acquired phimosis had developed owing to tightening of the foreskin of the penis.

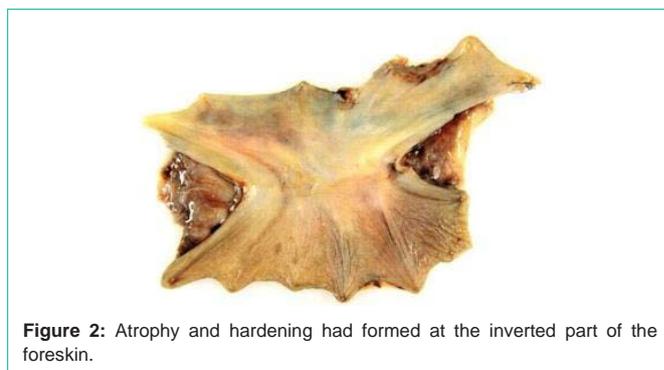


Figure 2: Atrophy and hardening had formed at the inverted part of the foreskin.

patients [2], it might be underestimated in daily clinics because of lack of recognition. The general principles of management of LSA-induced phimosis are not only to minimize sexual and urinary dysfunction but also to abolish the risk of progression to penile cancer [3]. Therefore, accurate diagnosis and adequate treatment are necessary for those who develop acquired phimosis due to LSA.

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