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A 7-year-old Male with Penile Hemangioma: A Case Report

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Introduction. Penile hemangioma is a vascular malformation and it is considered rare, with 1-2% of all hemangiomas occurring. The aim of this report is to provide information and the management of penile hemangioma in rural areas.
Case. A boy, 7 years old, weighing 25 kg, came to the general surgery department in Malinau General Hospital with a rough, red to purple lesion on the penis since birth. The parents complained that sometimes the patient's urine stream splits into two during urination. The patient was diagnosed with penile hemangioma and treated with propranolol 1 mg/kg/dose for 6 months and hidrosmin 2% ointment.
Conclusion. Management of penile hemangioma depends on the size, location and severity of the hemangioma, as well as the patient's overall health.

Keywords: penile hemangioma, propranolol, rural area

Introduction

Penile hemangioma is a vascular malformation and it is considered rare, with 1-2 % of all male hemangiomas occurring [1-3,8]. Most cases of penile hemangioma can be diagnosed through physical examination where more than 90% of patients with penile hemangioma do not complain of any symptoms and only a few patients report symptoms such as urinary disturbances, bleeding lesions, or sexual discomfort [4]. Management of penile hemangioma depends on several factors, including size, location and severity of the hemangioma [9].

Case Report

A boy, 7 years old, weighing 25 kg, taken by his parents, came to the general surgery department with a rough, red to purple lesion on the penis since birth (Fig. 1). The parents also complained that sometimes the patient's urine stream splits into two during urination. Other physical examinations were within normal limits.

Then, the patient was diagnosed with penile hemangioma and treated with propranolol 1 mg/ kg/ dose for 6 months and hidrosmin 2% ointment by the surgeon at the rural hospital. The patient was also advised to be referred to a urologist/pediatric surgeon at a bigger hospital. After 6 months of therapy, the parents and the patient came to the pediatric surgery department for a follow up. On the physical examination, the lesion was shrunk and the patient has no complaint (Fig. 2). The pediatric surgeon decided to continue the therapy of propranolol with 20 mg/kg/12 hours dose for another 6 months.

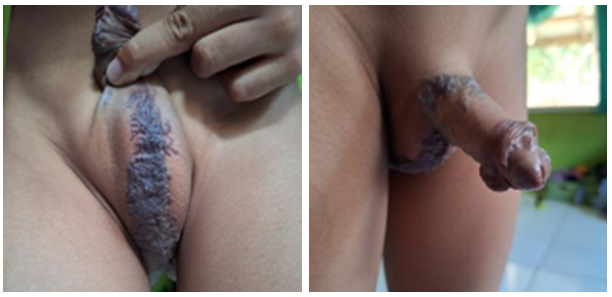

Figure 1. Penile hemangioma before the therapy

Figure 2. Penile hemangioma after the therapy

Discussion

Most cases of penile hemangioma can be diagnosed through physical examination where more than 90% of patients with penile hemangioma do not complain of any symptoms and only a few patients report symptoms such as urinary disturbances, bleeding lesions, or sexual discomfort. Large lesions on the glans penis also can block the external urethral orifice and cause micturition symptoms [3-5].

Usually, vascular malformations will shrink when compressed; however, if compression is unsuccessful, a true hemangioma or vascular tumor should be considered. Of the few cases that have been reported, 8.0% of cases with penile hemangioma have multifocal lesions or lesions involving organs other than the penis, i.e. scrotum, perineum, or even lower extremities. Therefore, a careful physical examination should be performed [3-4].

From the few cases that have been reported and published, most cases of hemangioma can be treated with surgery, such as excision, electrofulguration, cryotherapy, or sclerotherapy [2,5-7,9]. In addition, there are studies that say that cases of hemangioma can be treated using intralesional triamcinolone where there is no adequate equipment for surgery [10].

Conclusion

Penile hemangioma is a case that is considered rare and can be diagnosed 90% by history taking and physical examination. Management of penile hemangioma depends on the size, location and severity of the hemangioma, as well as the patient's overall health.

While there are several treatment options available for penile hemangioma, the choice of treatment for this patient is by oral medication due to inadequate equipment and facilities in the previous hospital. The prognosis for this patient is good, where there is clinical improvement in the patient's condition.

Ethical Clearance

The parents of the patient have given informed consent regarding the documentation and publication of the case.

Conflict of interest

The authors define no conflict of interest.

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