



Preputial lichen sclerosis: a rare and easily ignored initial clinical presentation of newly diagnosed diabetes mellitus

Yu-Chen Chen^{1,2} · Hao-Wei Chen^{1,2} · Po-Yin Shen³ · Yung-Shun Juan^{1,4} · Chia-Chun Tsai⁴

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Dear Editor,

To date, there are two papers investigating the association between genital lichen sclerosis and metabolic factors. One is the article by Hofer et al. [1] in a previous issue of the journal I read with great interest. The authors performed a retrospective case–control study on 95 men with lichen sclerosis (LS) compared with 484 urologic patients in the control group and concluded that men suffering from LS were associated with an increased body mass index and a higher prevalence of concomitant coronary artery disease, diabetes mellitus (DM) and tobacco use. The other is a cross-sectional study [2], in which patients with genital LS were found to be more frequently obese and to have increased rate of hypertension instead of DM. Indeed, a future prospective study confirming these results was necessary, but challenging due to low incidence of LS. We hereby report a rare and easily ignored case of preputial lichen sclerosis as the initial clinical presentation of a newly diagnosed DM.

A 26-year-old man presented to the urological department with a 1-month history of recurrent linear lacerations on the prepuce. For 2 months before presentation, he complained of difficulty of retracting the prepuce but had no dysuria or urethral discharge. Although he was obese (height 176 cm, weight 129 kg, BMI 41.9 kg/m²), his medical history was unremarkable. He denied tobacco use. Physical examination

revealed loss of elasticity of the prepuce. Multiple linear lacerations appeared when he tried to retract the prepuce (Fig. 1). He also had fungal balanoposthitis, which presented as white plaques with shallow ulcers on the glans. The patient had a regular sexual partner and tested negative for infections with human immunodeficiency virus, syphilis, and hepatitis virus. He denied any history of previous systemic diseases. Laboratory studies revealed a high fasting blood glucose level (256 mg/dL). Newly diagnosed diabetes mellitus (DM) was confirmed by the elevated HbA1c level (8.7%). Intensive cleaning, lifestyle modification, and oral metformin were prescribed. Although DM was under control (HbA1c level, 6.5%), the tight prepuce persisted for 3 months thereafter. Circumcision was performed and histological examination of the specimen revealed preputial lichen sclerosis and atrophicus. The patient had complete remission within the next 7 days.

Preputial lichen sclerosis is a rare, chronic inflammatory dermatosis of unknown cause. In clinical practice, thorough evaluation and control of underlying diseases, followed by surgical management, are recommended. It is important that all patients with this rare presentation should be surveyed for underlying diseases and possible causes of immunosuppression, especially newly diagnosed or poorly controlled DM.

✉ Chia-Chun Tsai
jennis7995@hotmail.com

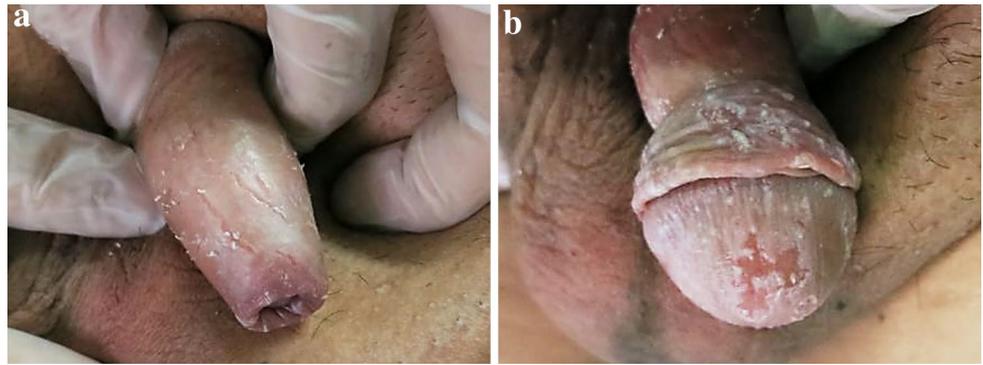
¹ Graduate Institute of Clinical Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan

² Department of Urology, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

³ Department of Orthopaedics, Kaohsiung Medical University Hospital, Kaohsiung Medical University, Kaohsiung, Taiwan

⁴ Department of Urology, Kaohsiung Municipal Ta-Tung Hospital, Kaohsiung, Taiwan

Fig. 1 **a** Multiple linear lacerations and **b** tight prepuce found upon retraction of the prepuce



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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Informed consent Informed consent was obtained from the patient included in the study.

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