Penile skin nodules are not uncommon. Genitourinary physicians are familiar with the various conditions that present as nodular penile lesions. Genital scabies, often present as nodules and lymphoceles on the shaft of the penis, may harden in time to form nodular lesions (sclerosing lymphangiitis). In Peyronie’s disease, painless, fibrous nodules can be felt on the shaft. Solitary warts and keloids on the coronal sulcus can sometimes be felt as nodules under the overlying foreskin. In men with poor penile hygiene, accumulation of smegma over a long period of time can eventually harden and produce nodules under the foreskin. Sebaceous cysts and retention cysts of the skin of the penis are among the other clinical subsets. Rare causes of multiple penile nodules include Bowenoid papulosis and the pruritic papules often seen in HIV infected patients. The nodular form of lichen planus of the penis is less frequently encountered. An unusual form of penile nodule is described here. A 26 year old white male prison inmate was referred with a long standing history of episodic penile discomfort culminating in a sense of swelling and tightness at the bulb of the penis. Earlier screening for Neisseria gonorrhoeae and Chlamydia trachoma-
titis from the urethra had given negative results. Serological tests for syphilis, VDRL, and TPHA were also negative.

On examination, he appeared well built and healthy, prone to be garrulous, and throughout the interview smoked a rolled up cigarette with the unmistakable pungency of cannabis. On examination, there were no skin blemishes or lymphadenopathy. The eyes, mouth, and throat appeared normal. Genital examination showed normal scrotum and contents. The uncircumcised penis appeared normal over the shaft, but over the coronal sulcus on the dorsal surface a nodule the size of a pea was apparent. On palpation this felt firm, freely mobile, and non-tender. To examine the lesion in more detail, the patient was asked to retract the prepuce. Surprisingly, he was reluctant to do this and needed some coaxing before agreeing, commenting that he “should not be showing this”. When the foreskin was pulled back, out popped the penile nodule on to the floor! This, on inspection, proved to be a lump of cannabis resin wrapped firmly in a tissue and was of a size that fitted snugly in the coronal sulcus.

There is no previous report in the literature of a penile nodule resulting from the use of this particular anatomical crevice as a place for secretion of proscribed items.
Prison doctors beware!

J Winceslaus

*Genitourin Med* 1997 73: 121
doi: 10.1136/sti.73.2.121

Updated information and services can be found at: [http://sti.bmj.com/content/73/2/121.citation](http://sti.bmj.com/content/73/2/121.citation)

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to: [http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to: [http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to: [http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)