- 6 Levine AM, Sullivan-Halley J, Pike MC, Rarick MU, Loureiro C, Bernstein-Singer M, *et al.* Human immunodeficiency virus-related lymphoma. Prognostic factors predictive of survival. *Cancer* 1991;68:2466-72.
- 7 Landonio G, Nosari A, Spinelli F, Vigorelli R, Caggese L, Schlact I. HIV-related thrombocytopenia: four different clinical subsets. *Haematologica* 1992;77:398-401.
- 8 Dominguez A, Gamallo G, Garcia R, Lopez-Pastor A, Pena JM, Vazquez JA. Pathophysiology of HIV related thrombocytopenia: an analysis of 41 patients. *J Clin Pathol* 1994;47:999-1003.
- 9 Northfelt DW, Mayer A, Kaplan LD, Abrams DI, Hadley WK, Yajko DM, *et al.* The usefulness of diagnostic bone marrow examinations in patients with human immunodeficiency virus (HIV) infection. *J Acquir Immune Defic Syndr* 1991;4:659-66.
- 10 Ciaudo M, Doco-Lecompte T, Guettier C, d'Agay MF, David F, Rioual N, *et al.* Revisited indications for bone marrow examinations in HIV-infected patients. *Eur J Haematol* 1994;53:168-74.
- 11 Berlin OG, Zakowski P, Bruckner DA, Johnson BL. New biphasic culture system for isolation of mycobacteria from blood of patients with acquired immune deficiency syndrome. *J Clin Microbiol* 1984;20:572-4.
- 12 Raszka WA, Skillman LP, McEvoy PL, Robb ML. Isolation of non-tuberculous, non-avian mycobacteria from patients infected with human immunodeficiency virus. *Clin Infect Dis* 1995;20:73-6.
- 13 Uribe-Botero G, Prichard JG, Kaplowitz HO. Bone marrow in HIV infection. A comparison of fluorescent staining and cultures in the detection of mycobacteria. *Am J Clin Pathol* 1989;91:313-15.
- 14 Shafer RW, Kim DS, Weiss JP, Quale JM. Extrapulmonary tuberculosis in patients with human immunodeficiency virus infection. *Medicine* 1991;70:384-97.
- 15 Torlakovic E, Clayton F, Ames ED. Refractile mycobacteria in Romanowsky-stained bone marrow smears. *Am J Clin Pathol* 1992;97:318-21.
- 16 Churchill DR, Mann D, Coker RJ, Miller RF, Glazer G, Goldin RD, *et al.* Fatal haemorrhage following liver biopsy in patients with HIV infection. *Genitourin Med* 1996;72:62-4.
- 17 Gascon P, Sathe SS, Rameshwar P. Impaired erythropoiesis in the acquired immunodeficiency syndrome with disseminated *Mycobacterium avium* complex. *Am J Med* 1993;94:41-8.
- 18 Tsui TMS, Tsang DNC. Disseminated *Penicillium marneffei* infection in HIV-infected subject. *Histopathology* 1992;20:287-94.
- 19 Supparatpinyo K, Chiewchanvit S, Hirunsri P, Uthammachai C, Nelson KE, Sirisanthana T. *Penicillium marneffei* infection in patients infected with human immunodeficiency virus. *Clin Infect Dis* 1992;14:871-4.
- 20 Karcher DS. Clinically unsuspected Hodgkin's disease presenting initially in the bone marrow of patients with the human immunodeficiency virus. *Cancer* 1993;71:1235-8.
- 21 Mir N, Costello C, Luckit J, Lindley R. HIV-disease and bone marrow changes; a study of 60 cases. *Eur J Haematol* 1989;42:339-43.
- 22 Israel DS, Plaisance KI. Neutropenia in patients infected with human immunodeficiency virus. *Clin Pharm* 1991;10:268-79.
- 23 Frickhofen N, Abkowitz JL, Safford M, Berry JM, Antunez-de-Mayolo J, Astrow A, *et al.* Persistent B19 parvovirus infection in patients infected with human immunodeficiency virus type 1 (HIV-1): a treatable cause of anaemia in AIDS. *Ann Intern Med* 1990;113:926-33.
- 24 Rule S, Reed C, Costello C. Fatal haemophagocytic syndromes in HIV-antibody positive patient. *Br J Haematol* 1991;79:127.
- 25 Pelstring RJ, Zellmer RB, Sulak LE, Banks PM, Clare N. Hodgkin's disease in association with human immunodeficiency virus infection. Pathologic and immunologic features. *Cancer* 1991;67:1865-73.
- 26 Denton AS, Brook MG, Miller RF, Spittle MF. AIDS-related lymphoma: an emerging epidemic. *Br J Hosp Med* 1996;55:282-8.

A cobblestone

Prison doctors beware!

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 lymphangitis). 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 causes of penile nodules. 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-*

tis 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.

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