Dear Editor,

Although penile lesions tend to be attributed to sexually transmitted diseases in sexually active patients, there are various inflammatory skin diseases that can occur in this area. Among them, psoriasis is one of the most frequent, being the most common or third most common according to some studies, making it a potential reason for consulting an andrologist. It can become a disease that impacts the quality of life and sexual function.

The genital involvement of psoriasis, which can affect 60% of patients during the course of the disease, seems to be more frequent in men and can be the initial and only manifestation of the disease. Lesions can appear on the penile shaft, foreskin, or glans. In the genital area, we can find slightly different features than the classic features of the disease. There are also differences between uncircumcised patients and those who have undergone circumcision, the latter presenting scaly lesions more often that can result in bleeding.

As in many chronic inflammatory diseases, it has not been possible to establish a single cause that explains the development of psoriasis. However, multiple genetic, infectious, psychological, and environmental triggers have been established.

We present the case of a 24-year-old male with no personal or family history of known skin diseases, who reported penile skin dryness and lesions on the glans and attended our emergency dermatology consultation (Virgen del Rocio University Hospital, Seville, Spain) in September 2020. He denied high-risk sexual encounters and stated that he had a female partner with whom he maintained a closed relationship and that they used barrier methods of contraception consistently and correctly. He reported that the lesions appeared a year prior in the second postoperative week of his postectomy intervention to treat phimosis. The lesions caused stinging, itching, and significant dyspareunia. The patient in this study has given written informed consent to the publication of his case details.

On examination, he presented with confluent, erythematous plaques with fine superficial pearly scaling that affected the entire glans but not the rest of the penile skin (Figure 1a). Polarized light dermoscopy was performed, which showed a punctate vascular pattern of homogeneous distribution (Figure 1b). Examination of the rest of the body, including nails and scalp, revealed no evidence of any other lesions.

Based on clinical findings and with the support of dermoscopy, the diagnosis of psoriasis was established, and 0.1% topical tacrolimus (Protopic®, Leo Pharma, Denmark) was prescribed every 24 h for a month and, subsequently, three times a week for two months together with emollients. This led to substantial improvement in the condition.

To date, multiple cases of psoriatic balanoposthitis have been published in circumcised patients. However, none of them showed such a clear and evident spatiotemporal relationship with the performance of postectomy.

In 1872, Heinrich Koebner described the appearance of psoriatic lesions in areas of healthy skin subjected to trauma, which was called an isomorphic phenomenon. Radiotherapy, rubbing of prostheses after amputations, and surgical incisions have been described as triggers for this phenomenon. Nonetheless, to our knowledge, the development of this phenomenon after postectomy has not been described. In the present case, there appear to be two factors contributing to the aetio-pathogenesis of this phenomenon. On the one hand, there was trauma during the operation, and on the other hand, there was a re-epithelialization process in the postoperative period. The fact that a region previously protected by the foreskin has become exposed to continuous friction must be added to this scenario. Therefore, the urologist and andrologist ought to be aware of this phenomenon to be able to identify not only the onset of the disease but also to prevent a new outbreak in the case of an already diagnosed patient.

Furthermore, in this case, the use of dermoscopy was especially useful for us to achieve the diagnosis. The development of this technique and the description of patterns in inflammatory diseases has been a very important advance. In the case of psoriasis, a pattern...
consisting of the presence of pinpoint vessels of regular distribution on a slightly erythematous background is described, which seems to be very specific for this dermatosis. In this way, if the clinical findings and dermoscopy concur, a diagnosis can be reached sooner, avoiding the performance of biopsies in a delicate area, such as the genital area, and thus avoiding subsequent trauma, which can lead to a worsening of the process.

In conclusion, we report a case of psoriasis onset after circumcision. This was the only postoperative adverse event, and its manifestation may have been triggered by Koebner’s phenomenon. The presence of erythematous and scaly lesions with a characteristic vascular pattern should make us suspect the disease, which can significantly affect the quality of life and sexual functioning of the patient.

AUTHOR CONTRIBUTIONS
JOA, JCHR, and RBN contributed to conceptualization, data curation, analysis, and writing. JOA, RBN, and JCMS contributed to conceptualization, writing, and review. All authors have read and approved the final manuscript and agree with the order of presentation of the authors.

COMPETING INTERESTS
All authors declare no competing interests.

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