



## Re: Preputial Calculi: a Case Report and Review of Literature

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Dear Sir,

I had published a case report in the *Indian Journal of Surgery* regarding preputial calculi in 2017 [1]. Here, I would like to provide the follow-up of this case to the readers. This patient presented to me again with a non-healing painless ulceroproliferative growth involving the glans penis of 18-month duration.

The edge biopsy suggested a well-differentiated squamous cell carcinoma. Inguinal nodes were not palpable. The urethra was intact and there was no invasion into it. The patient underwent partial penectomy as we could spare almost 80% of the shaft of the penis. The patient recovered well.

Mohapatra and Santosh Kumar [2] had reported a case of concurrent preputial calculi and squamous cell carcinoma of the penis, wherein they postulated role of *Escherichia coli* in conversion of inactive nitrates in urine into nitrosamines, which are carcinogens. Though the exact etiology of carcinogenesis in these cases is not clear, association of squamous cell carcinoma and long-standing urinary stasis with inspissated calcified smegma in the preputial space once again stands confirmed in our case. During the removal of preputial calculi, the circumcised skin as well as underlying glans showed no evidence of carcinoma as seen on biopsy. However, the ulcer appeared within 6 months of preputial calculi removal and circumcision. This reiterates the fact that except for childhood

circumcision, the protective effect against penile carcinoma stands reduced to zero [3]. Our case is a nice testimony to the natural history of penile cancer evolution and we thought, it is worth sharing with the readers as it is rare to find such direct cause and effect within such a short time interval in the twenty-first century, wherein the incidence of penile cancers is decreasing due to improved hygiene.

### Compliance with Ethical Standards

**Conflict of Interest** The author declares that he has no conflict of interest.

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