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### Metastatic Crohn's Disease: A Case of Genital Cutaneous Crohn's Disease Involving the Penis and Scrotum

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## Podium #101

### **METASTATIC CROHN'S DISEASE; A CASE OF GENITAL CUTANEOUS CROHN'S DISEASE INVOLVING THE PENIS AND SCROTUM**

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Presented By: Zubin Shetty, MD, MS, BS

**Introduction:** Crohn's disease is an autoimmune inflammatory disorder affecting the gastrointestinal tract. Rarely, Crohn's disease can cause cutaneous manifestations that are non-contiguous with the GI tract or "metastatic." Genital Cutaneous Crohn's Disease (CCD) is the most frequent presentation of CCD in the pediatric population and has shown to be difficult to manage.

**Case:** A 13-year-old boy with a history of fistulizing Crohn's disease presented with severe penile and scrotal edema for the previous 4 years. While his gastrointestinal symptoms were responsive to Adalimumab, his genital swelling only minimally and temporarily improved between treatments. He was referred to pediatric urology for an excisional biopsy which revealed dermal fibrosis, perilymphatic inflammatory infiltrate composed of lymphocytes, plasma cells, and histiocytes. Additionally, poorly formed granulomas of histiocytes and multinucleated giant cells were identified. The scrotal and penile biopsies were both compatible with the diagnosis of metastatic Crohn's disease.

**Conclusion:** We describe a rare case of genital CCD in a patient with well controlled Crohn's. After the positive biopsy, the patient began Azathioprine and Adalimumab combination therapy with substantial improvement in genital swelling. Although there are no treatment guidelines for CCD, literature suggests combination systemic therapy with immunomodulators to be the most beneficial. We highlight treatment options.



**Funding:** N/A

## Podium #102

### **MASSIVE LYMPHADENOPATHY IN PENILE CANCER: A CASE REPORT**

Megan Sharpe, BS<sup>1</sup>, Megan Prunty, MD<sup>2</sup>, Laura Bukavina, MD, MPH<sup>2</sup>, Adam Calaway, MD, MPH<sup>2</sup>

<sup>1</sup>Case Western Reserve University School of Medicine, <sup>2</sup>Case Western / University Hospitals  
Presented By: Megan Sharpe

**Introduction:** Lymph node (LN) status is a key prognostic factor in squamous cell carcinoma of the penis. A multi-disciplinary approach consisting of neoadjuvant chemotherapy, possible radiation followed by consolidation surgery improves the outcomes of advanced, and locally invasive penile cancer. Lymphadenectomy is the mainstay treatment of node positive penile cancer and may be curative, if not palliative in patients with lymph node dissection.

**Methods:** Retrospective chart review was performed.

**Case:** We herein describe a case of a 51-year-old otherwise healthy Amish male with SCC of the penis, with a 15 cm soft tissue mass consistent with metastatic penile cancer. Neoadjuvant (NAC) chemotherapy was initiated, which the patient was unfortunately unable to tolerate due to toxicity. Follow up MRI revealed enlarging left inguinal LN mass with invasion into the adductor muscles, with femoral vessel involvement (Figure 1D). Due to substantial local symptoms and imminent vascular compromise, bilateral inguinal/