Portuguese Journal of Dermatology and Venereology

Permanyer

Check for updates

Port J Dermatol and Venereol.

DERMATOLOGY IMAGES

Benign penile papules simulating inflammatory disease in an adolescent with suspected autoinflammatory syndrome

Pápulas penianas benignas a simular doença inflamatória num adolescente com suspeita de síndrome autoinflamatória

Filipe Monteiro[1,2], Gustavo Almeida-Silva[1,2], Inês Tribolet-Abreu[1,2], Pedro Vasconcelos[1,2], and Sónia Fernandes[1,2]*

[1]*Serviço de Dermatologia, Hospital de Santa Maria, Unidade Local de Saúde Santa Maria;* [2]*Clínica Universitária de Dermatologia, Faculdade de Medicina, Universidade de Lisboa. Lisbon, Portugal*

A 14-year-old boy was referred for evaluation of multiple penile papules in the context of recurrent abdominal pain, oral and genital ulcers, and elevated fecal calprotectin, raising suspicion of an autoinflammatory condition, including intestinal Behçet disease[1]. His history included recurrent mesenteric adenitis and prior ileo-ileal intussusception.

Extensive laboratory and imaging workup, including HLA-B51, HLA-B27, autoimmune and infectious screening, colonoscopy, and entero-magnetic resonance imaging, was unremarkable or non-specific. Dermatological examination revealed multiple small, whitish-yellow papules distributed over the glans and balanopreputial sulcus, some of which were umbilicated (Fig. 1). Dermoscopy of a representative lesion showed a 4 × 3 mm yellowish, umbilicated papule surrounded by fine, garland-like blood vessels, raising differential diagnoses such as molluscum contagiosum, pearly penile papules, or sebaceous hyperplasia (Fig. 2)[2,3]. Excisional biopsy confirmed lobular proliferation of mature sebaceous glands, consistent with Fordyce granules (Fig. 3)[4]. Pathergy testing was negative. Under colchicine therapy, mucocutaneous and gastrointestinal symptoms improved markedly, without recurrence of genital ulceration. The penile papules remained asymptomatic and required no treatment.

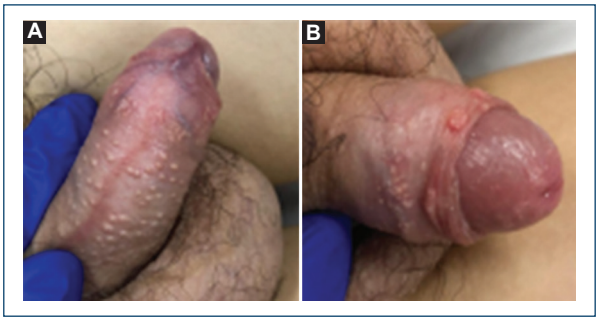

Figure 1. Clinical images. **A** and **B:** multiple small, whitish-yellow papules on the glans and balanopreputial sulcus, some showing umbilication.

This case highlights the pivotal role of dermatological and dermoscopic evaluation in pediatric patients investigated for systemic inflammatory diseases. Benign anatomical variants such as sebaceous hyperplasia may clinically mimic pathological genital lesions, contributing

***Correspondence:**
Filipe Monteiro
E-mail: filipesilvamonteiro@gmail.com

Received: 16-02-2026
Accepted: 26-02-2026
DOI: 10.24875/PJDV.26000023

Available online: **25-03-2026**
Port J Dermatol and Venereol. **(ahead of print)**
www.portuguesejournalofdermatology.com

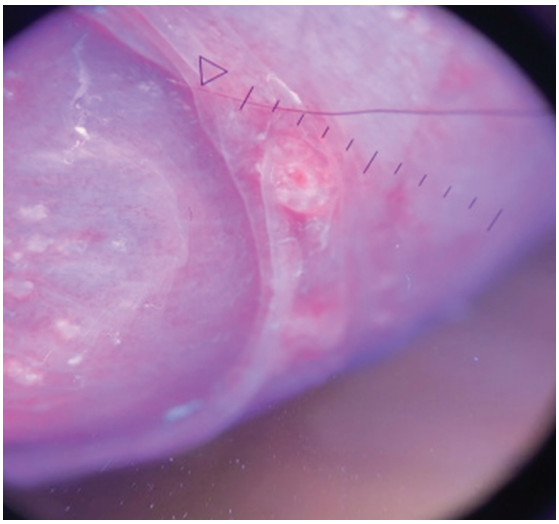

Figure 2. Dermoscopic image showing a yellowish lobulated papule with central umbilication and fine crown-like vessels.

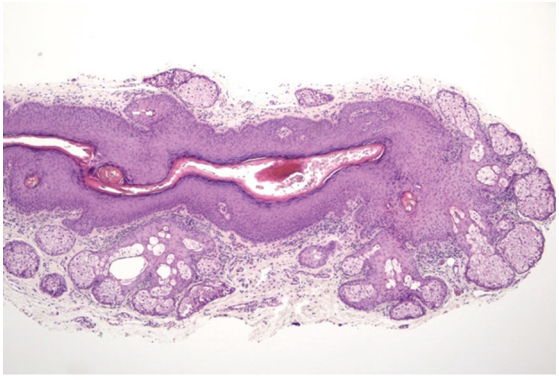

Figure 3. Histopathologic image revealing lobular proliferation of mature sebaceous glands opening directly onto the surface and not associated with hair follicles (H&E stain, ×40 magnification).

to diagnostic uncertainty and potential overtreatment[5]. Histopathological confirmation remains essential in complex multidisciplinary scenarios.

Funding

None.

Conflicts of interest

None.

Ethical considerations

Protection of human subjects and animals. The authors declare that no experiments on humans or animals were performed for this research.

Confidentiality, informed consent, and ethical approval. The authors have followed their institution's confidentiality protocols, obtained informed consent from all patients, and secured approval from the Ethics Committee. SAGER guidelines have been followed as applicable to the nature of the study.

Declaration on the use of artificial intelligence (AI). The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.

References

1. Alpsoy E. Behçet's disease: a comprehensive review with a focus on epidemiology, etiology and clinical features, and management of mucocutaneous lesions. J Dermatol. 2016;43:620-32.
2. Zaballos P, Ara M, Puig S, Malvehy J. Dermoscopy of sebaceous hyperplasia. Arch Dermatol. 2005;141:808.
3. Jakhar D, Kaur I. Mucoscopy of Fordyce's spots on lips. Indian Dermatol Online J. 2019;10:498-9.
4. Lee JH, Kwon NH, Yu DS, Kim GM, Park CJ, Kim SY, et al. Clinicopathologic manifestations of patients with Fordyce's spots. Ann Dermatol. 2012;24:103-6.
5. Rane V, Read T. Penile appearance, lumps and bumps. Aust Fam Physician. 2013;42:270-4.