OPEN ACCESS

Saudi Journal of Medicine
Abbreviated Key Title: Saudi J Med
ISSN 2518-3389 (Print) | ISSN 2518-3397 (Online)
Scholars Middle East Publishers, Dubai, United Arab Emirates
Journal homepage: https://saudijournals.com

Case Report

Post Circumcision Penile Shaft Fibroma in a 4-Year-Old Boy

Inegbenosun Iluobe[1]*, Asien Efosa[2], Osifo O. David[3], Inegbenosun Ann[4], Edena Morrison[5], Monyei Oluchukwu Mary-Ann[6]

[1,2,3,5,6]Paediatric Surgery Unit, Department of Surgery, University of Benin Teaching Hospital, Benin-City, Nigeria
[4]Department of Radiology, University of Benin Teaching Hospital, Benin-City, Nigeria

DOI: https://doi.org/10.36348/sjm.2026.v11i07.002 | **Received:** 23.05.2026 | **Accepted:** 11.07.2026 | **Published:** 17.07.2026

***Corresponding Author:** Inegbenosun Iluobe
Paediatric Surgery Unit, Department of Surgery, University of Benin Teaching Hospital, Benin-City, Nigeria

Abstract

Circumcision, a commonly performed procedure in the neonatal period, is the surgical removal of the prepuce. The complications of male circumcision are common, but post circumcision penile shaft fibromas are rare and there is paucity of cases reported in literature worldwide. A 4-year-old boy presented with distal penile shaft swelling that encircled the penis along the circumcision scar that was noticed few months after circumcision. He had no history of trauma apart from the circumcision he had at the neonatal period and a clinical diagnosis of penile shaft fibroma was made. The swelling was excised under general anaesthesia and sent for histopathological confirmation. This case is reported to draw clinicians' attention to this rare post circumcision complication.

Keywords: Penile Shaft, Fibroma, Post-Circumcision.

INTRODUCTION

Circumcision is the surgical removal of the prepuce, commonly performed in the neonatal period and could have significant morbidity associated with it [1-3].

Benign soft tissue tumours can occur in the penis but extremely rare in children [2,4,5]. Solitary penile shaft fibroma is rare in children as a post circumcision complication and there is scanty documentation on tumour occurrence in this location [5]. Fibroma can be sessile or pedunculated and are seen in any part of the body [3,6-8]. It is a painless benign slow growing fibroblastic tumour with prominent myofibroblastic component that may be congenital or acquired [3,9.10].

Penile fibroma can progressively increase in size thereby resulting in cosmetically ugly and deformed penis that is worrisome to children within the age of awareness as well as their parents. The size may become large enough to complicate surgical excision as well as difficulty in urination. There is paucity of post circumcision penile shaft fibroma in this Sub-region.

This case is reported to draw attention to this rare post circumcision complication.

CASE

Master F.D, a 4-year-old male child, is the last of three children in a monogamous family. He presented to the hospital with complaint of painless swelling located at the distal aspect of the penis along the circumcision scar. This was noticed few months after circumcision which he had at the neonatal period. The swelling increased gradually in size and encircled the distal aspect of the penis (Fig.1).

There was no history of trauma to the penis except the circumcision he had as a neonate. No associated difficulty with urination or any other urinary symptoms. Parents sought help and advice from trado-medical health care givers but without improvement.

The child was clinically stable, looking well fed and active at presentation. There was a swelling encircling the distal aspect of the penile shaft proximal to the coronal sulcus along the circumcision scar. The mass was globular with no differential warmth and not tender. The mass was firm and not mobile with well-defined edges.

Fig. 1: Pre-operative photograph showing the penile shaft mass

Soft tissue Ultrasound Scan of the penile shaft mass was suggestive of fibroma. Packed cell volume was 30%, other blood parameters and chemistry was within normal ranges. He was worked up for and had excision biopsy done under general anaesthesia (Fig. 2 & 3). The excised mass was sent for histopathological analysis which revealed a benign neoplastic lesion composed of hyalinized bundles of spindle cells with tapered ends in keeping with fibroma.

Fig. 2: Intra-operative photograph showing the penis post excision

Post-operative course was uneventful following intravenous fluids, prophylactic antibiotics and adequate analgesia. Oral feed was commenced when he was fully awake, urethral catheter was removed by third post-operative day, and was discharged to outpatient follow up.

Penile edema resolved within one week of follow up, wound healing was satisfactory, and a 5year post-surgical excision follow up showed no recurrence of penile mass.

Fig. 3: The excised Fibroma

DISCUSSION

Fibroma represent reactive focal fibrous hyperplasia due to trauma or local irritation[3]. It was noticed few months after circumcision which further supports an acquired origin. Fibromas are painless benign slow growing lesions [3, 9, 10] as seen in this index patient that was seen few months after neonatal circumcision and progressively increased in size until it was diagnosed at age four years.

Fibroma was reported by Osifo et al to be seen most often on the buccal mucosa along the plane of occlusion of the maxillary and mandibular teeth. It is usually seen in older patients following repeated abrasions from chewing and chemical irritation of the oral cavity [11-13]. The mass maybe sessile or pedunculated, usually reaching maximum size in few months. Usually it is asymptomatic, firm, mobile mass with a surface coloration due to decreased vascularity, thickened surface keratin or ulceration from repeated micro trauma as reported by Pai *et al.,*

Several authors [4-6, 8] have recommended early surgical excision of penile shaft mass to provide diagnosis and cure as demonstrated. The majority of post circumcision complications such as inclusion and implantation dermoid cysts are common in this Sub-region as reported by Ofoha *et al.,* They usually will require surgical correction just like in this patient that was successfully excised, and penile shaft reconstructed with acceptable cosmetic outcome. This index case presented very late to the hospital as the parents first sought medical attention at trado-medical centres. This allowed time for the mass to grow and resulted in the massive size of the lesion which completely encircled the penile shaft. Orthodox consultation was only sought due to cosmetic disfigurement of the penis as also reported by Ofoha *et al.,* Earlier authors [8] recommended surgical excision for a cure to provide physical as well as psychological comforts to the patient. Long term follow-up to monitor for recurrence of penile shaft fibroma post excision was previously recommended [14] and this patient was followed up for 5years without recurrence.

Penile shaft fibroma was successfully managed in a 4-year-old boy and this case is reported to draw attention to this rare post circumcision complication.

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