

Buried calculi within the coronal sulcus in a circumcised patient

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A 66-year-old male presented with a 1-week history of penile pain, swelling and discharge. He had been circumcised as a child. There were penile adhesions, and his glans was swollen with pus discharging around the previous thickened circumcision site.

Blood tests, pus swab and urine cultures were negative for infection. Magnetic resonance imaging (**Figure 1**) showed soft tissue thickening with inflammation and oedema along the right side of his penis. Cystourethroscopy was unremarkable and biopsies revealed features of lichen sclerosus and inflammation.

A restoration of the lost and obscured coronal sulcus (ROLOCS) procedure was performed to correct his coronal sulcus (Skrodzka et al, 2020). Multiple calculi were found embedded within the previous circumcision site (**Figure 2**).

One similar case has been reported (Ali et al, 2021). The differential diagnosis of embedded stones should be considered in any circumcised man presenting with hard nodular lesions in a skin bridge.

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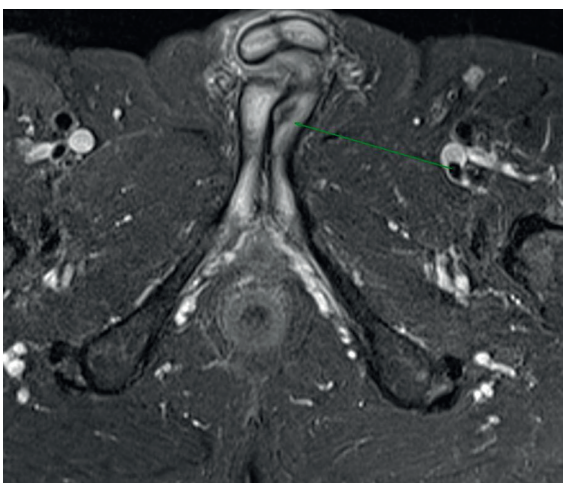


Figure 1. Magnetic resonance imaging demonstrating a low T2 signal within the left corpus cavernosum at the bulbocavernosum junction suggestive for fibrosis.



Figure 2. Intraoperative findings of calculi buried within the skin at the coronal sulcus.