



A DESCRIPTIVE STUDY ON NON VENEREAL DERMATOSES OF MALE GENITALIA

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ABSTRACT

Background:

The study was conducted to know the trends in presentation of non-veneraeal dermatoses for a three-year period in the Department of Sexually Transmitted Diseases.

Methods:

Male patients diagnosed to have non-veneraeal dermatoses after complete STI screening were the study population. The age-wise distribution and the sexual orientation of those patients with non-veneraeal dermatoses were recorded in this study.

Results:

Among the total 10276 STI clinic attendees, 560 patients had non-veneraeal dermatoses. Candidal balanoposthitis topped the list constituting 41.6% followed by pearly penile papules, genital vitiligo, scabies etc. Thus we recorded 20 different dermatoses in this study. Age-wise distribution showed more number among 21-30years on May 2014 -April 2015, May 2016- April 2017 and 31-40 years on May 2016-April 2017. Decreasing trend was noticed among patients with bisexual behaviour and heterosexual with extramarital contacts. Whereas there was a decline on May 2015- April 2016 but an upsurge was noticed on May 2016- April 2017 on heterosexual with premarital contact and homosexuals.

Conclusion:

The incidence of non veneraeal dermatoses was found to be 5.4%(560/10276). Candidal balanoposthitis was the most frequent non-veneraeal dermatoses noticed in this study. The most number of patients presented here in this study were from age group 21-30 and 31-40years. The role of expert in differentiating veneraeal and non-veneraeal dermatoses is needed for the benefit of patients with distress.

KEYWORDS : candidal balanoposthitis , pearly penile papules.

Introduction:

Dermatoses affecting genital region aren't always sexually transmitted. The genital dermatoses that are not sexually transmitted are termed non-veneraeal dermatoses. There are a wide range of dermatoses that can be brought under the term non-veneraeal dermatoses. Some of the diseases also can manifest in skin along with genitalia. Non-veneraeal dermatoses can be classified as inflammatory (psoriasis, lichen planus), infections and infestations (scabies, dermatophytosis), congenital (median raphe cyst), benign disorders (pearly penile papules, idiopathic scrotal calcinosis) pre-malignant and malignant conditions (Erythroplasia of Queyrat, squamous cell carcinoma) etc1. The patients with these disorders were anxious and apprehensive at presentation. Hence this study was conducted to know the trends in presentation and the high risk sexual behaviour was assessed in them.

Aim:

To know the incidence and the trends in the presentation of non veneraeal dermatoses for a three-year period.

Materials and methods:

A total of 560 cases of non-veneraeal dermatoses presented at the Department of Sexually Transmitted Diseases during the study period of three years from May 2014 to April 2017.

A detailed history including sexual behaviour and orientation were elicited in all. Clinical examination of External genitalia, Anal and perianal region was done. A complete Dermatological and mucosal examination was also done. Side lab investigations done were Gram's stain, KOH mount, RPR and HIV. Malignant conditions were referred for biopsy.

All patients were either treated or reassured depending on the pattern of the disease.

Observations and Results:

Among a total of 10276 STI clinic attendees,560 patients were

diagnosed to have non veneraeal dermatoses in a three year period from May 2014 to April 2017. The year wise distribution being 220 cases (May 2014-April 2015), 168 cases (May 2015-April2016), 172 cases(May 2016-April 2017) during the period respectively. The age of the patient ranged from 18 years to 80 years.

Table 1: Year-wise distribution of Non-veneraeal Dermatoses

Dermatoses	May2014-April2015	May2015-April2016	May2016-April2017	Total no. Of cases	Percentage
Genital vitiligo	16	23	12	51	9.1%
Pearly penile papules	22	20	18	60	10.7%
Fordyce spots	7	1	2	10	1.7%
Angiokeratoma	2	1	1	4	0.7%
Candidal balanoposthitis	94	68	71	233	41.6%
Fixed drug eruption	11	7	6	24	4.3%
Scabies	16	10	15	41	7.3%
Dermatophyte infection	6	7	1	14	2.5%
Furuncle/folliculitis	1	1	9	11	2%
Idiopathic Scrotal calcinosis	13	11	6	30	5.3%
Irritant contact dermatitis	8	6	12	26	4.6%

Scrotal dermatitis	4	1	2	7	1.2%
Genital psoriasis	2	0	2	4	0.7%
Genital lichen planus	3	0	5	8	1.4%
Lichen sclerosis et atrophicans	4	2	0	6	1%
Plasma cell balanitis	3	1	3	7	1.2%
Erythroplasia of Queyrat	1	4	0	5	0.9%
Carcinoma penis	2	1	3	6	1%
Seborrhoeic keratoses	1	1	1	3	0.5%
Frenular tear	4	3	3	10	1.7%

Chart 1 : Age-wise distribution of cases

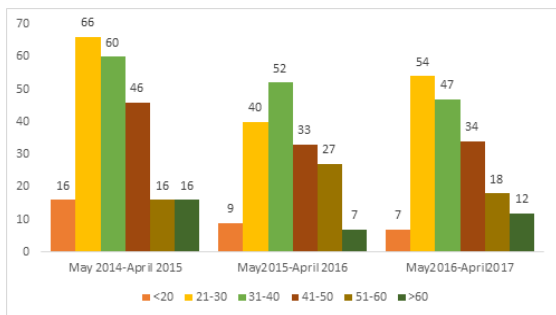


Chart 2: Age-wise distribution of Candidal balanoposthitis

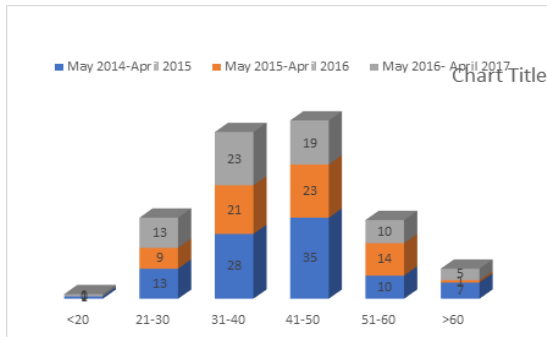


Table 2: Sexual orientation of cases

Sexual orientation	May2014-April2015 (No. of cases)	May2015-April2016 (No. of cases)	May2016-April 2017 (No. of cases)
Heterosexual-marital	103	93	94
Heterosexual-premarital	30	23	26
Heterosexual-extramarital	40	35	28
Bisexual	14	6	4
Male homosexual	8	6	10
Nil exposure	25	5	10

Candidal balanoposthitis constituted about 41% of the study group, followed by pearly penile papules in 10.7%. Genital vitiligo constituted 9.1% of the study population. Scabies (7.3%), Idiopathic scrotal calcinosis (5.3%), Irritant contact dermatitis (4.6%), Fixed

drug eruption (4.3%), Dermatophytosis (2.5%), furunculosis/folliculitis (2%) were the disorders recorded in descending frequency. Other observed dermatoses each constituted < 2% of the study population.(Table 1)

Age-wise distribution revealed more number of patients in 21-30 year age group in May 2014-April 2015. On the year 2015-2016, peak distribution was seen in 31-40 year age group, but again on 2016-2017, the distribution was high in 21-30 year age group.(Chart 1)

Age-wise distribution of Candidal balanoposthitis showed predominance on 4th and 5th decade[Chart 2]. Among the 233 patients diagnosed to have candidal balanoposthitis, 62 cases were found to have Diabetes mellitus (26%).

Majority of them had heterosexual behaviour. Homosexual behaviour was recorded in 4.2% of the study group. Bisexual behavioural pattern was also recorded among 4.2% of the study group. No sexual exposure was noted among 7% of study population.(Table 2)

Discussion:

Non venereal dermatoses occurring exclusively on genitalia pose a sense of guilt or of concern in patients. Hence expertise role is needed to differentiate venereal from non-venereal dermatoses.

Candidal balanoposthitis constituted 41% of the study population and was the most common non venereal dermatoses in this study. On comparison Karthikeyan et al2 recorded candidiasis in 5% of study group and Hogade et al3 in 3 of 50 cases. Most of the cases were in the 4th and 5th decade similar to the study by Karthikeyan et al.2

Study by Karthikeyan et al2, Hogade et al3, showed that Genital vitiligo as the most common non-venereal dermatoses. In our study it was diagnosed in 51 cases (9.1%) featuring third position. In the study by Babu et al6 and Puri et al5 it was diagnosed as second common genital dermatoses.

Scabies was found to be the most common genital dermatoses in males in the study by Babu et al6 and Acharya et al4. In this study, fourth commonest disorder found was scabies present in 41 cases (7.3%).

Pearly penile papules frequently mistaken as genital wart by most of the patients attending STD clinic caused significant concern in our patients also, which was about 60 cases (10.7%).

Age-wise distribution revealed much of the study group between 21-30 years on 2014-15 and 2016-17 was similar to the study by Hogade et al3. On the year 2015-16 the peak distribution differed and was seen more among 31-40 years age group.

Decreasing trends among Heterosexuals with extramarital behaviour and bisexuals were recorded on analysis. Male homosexual behaviour though constitutes only 4.2% of the study group, showed a decreasing and again a rising trend on the following consecutive years.

Conclusion:

The incidence of non venereal dermatoses was found to be 5.4%(560/10276). Candidal balanoposthitis was the most frequent non-venereal dermatoses noticed in this study. The most number of patients presented here were in age group 21-30 and 31-40 years. Decreasing trend was noticed in patients having bisexual behaviour and extramarital behaviour in our study. Decrease and again an upsurge was observed among homosexuals in this study. The role of expert in differentiating venereal and non-venereal dermatoses is always needed for the benefit of these patients with distress.

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