

Original Research

To evaluate the non venereal genital dermatoses in patients: A prospective study

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ABSTRACT:

Aim: To evaluate the non venereal genital dermatoses in patients. **Methods:** In the department of dermatology, after ethical permission this study prospective study was done. 50 male patients with genital lesions of nonvenereal part were included. All male patients more than 19 years, who presented with genital complaints, were screened for nonvenereal dermatoses. Demographic profile, skin problems, duration or onset of disease and associated skin and medical problems were noted. History of sexual exposure was also noted. Patients having any venereal diseases were excluded from this study. The external genitalia were examined, and findings were studied. Physical examination was done for any other complications. KOH mount, Gram-stain, VDRL test, HIV test and histopathological examination were completed. **Results:** Fifty male patients with nonvenereal dermatoses of external genitalia were examined. The mean of the patients were 29.7 years. The 50% patients were age group of 19-29 years, followed by 20% in between 29-39 years. 80% patients were from the urban area and 20% patients from the rural area. Scrotum was involved in 60% and penis in 28% while both scrotum and penis were affected in 12% cases. Total fourteen types of nonvenereal dermatoses were observed. vitiligo present in 28% patients, followed by pearly penile papule 12% patients. 12% patients had FDE (fixed drug eruption), 10% scabies, 10% scrotal dermatitis and lichen planus each etc. **Conclusion:** We concluded that the knowledge of clinical parameter, etiological parameter of various nonvenereal genital dermatoses is very important for life.

Keywords: nonvenereal genital dermatoses, STD

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INTRODUCTION

External genitalia are normal part of the body for rashes, itching and minor infection. This part is remain warm, moist and occluded and it is often show to irritating substances like faeces, urine, and vaginal secretion. It is worry about hygiene and STD prompt some people to use excessively vigorous cleaning regimens and specialized hygiene results. Abnormalities that, if they happen elsewhere, would be considered trivial by the patient, immediately become a complicated by both the psychological factors and local environment. Prompt recognition of the causes of visible genital abnormalities or uncomfortable sensation not only minimizes the duration of pain or itching but also helps to avoid damage to self-esteem and sexual relationship. The diseases that affect the external genitalia are special. It can be divided into two category, Venereal and non-venereal dermatoses. The diseases, which are not

STD, are referred as non-venereal dermatoses. Non-venereal genital dermatoses, include a wide array of diseases with varied etiology. They can either effect genitalia alone or may affect other body part also.¹ The non-venereal dermatoses can be divided into 5 category on the basis of pathogenesis: Inflammatory diseases (lichen planus, psoriasis, seborrheic dermatitis), infections and infestations (dermatophytosis) (scabies), congenital disorders, benign abnormalities (sebaceous cyst) (angiokeratoma of Fordyce), malignant and premalignant lesions (erythroplasia of Queyrat), (SCC).² Lesions that present at the external genitalia have different etiology and it causes anxiety in patients and therefore they should be explained the true nature of disease and this require knowledge about non-venereal genital dermatoses.³ Clinicians should have an open mind to look for these genital lesions so that patients feel confident to for

medical checkup. A comprehensive understanding of the various presentations, their causes and appropriate treatment options is essential to effectively manage these non-venereal dermatoses and allay the associated anxiety.

MATERIAL AND METHODS

In the department of dermatology, after ethical permission this study prospective study was done. 50 male patients with genital lesions of nonvenereal part were included. All male patients more than 19 years, who presented with genital complaints were screened for nonvenereal dermatoses. Demographic profile, skin problems, duration or onset of disease and associated skin and medical problems were noted. History of sexual exposure was also noted. patients having any venereal diseases were excluded from this study. The external genitalia were examined, and findings were studied. Physical examination was done for any other complications. KOH mount,

Gram-stain, VDRL test, HIV test and histopathological examination were completed.

RESULTS

Fifty male patients with nonvenereal dermatoses of external genitalia were examined. The mean of the patients were 29.7 years.

Table 1 show that the 50% patients were age group of 19-29 years, followed by 20% in between 29-39 years. 80% patients were from the urban area and 20% patients from the rural area. Scrotum was involved in 60% and penis in 28% while both scrotum and penis were affected in 12% cases.

Table 2 show that total fourteen types of nonvenereal dermatoses were observed. vitiligo present in 28% patients, followed by pearly penile papule 12% patients. 12% patients had FDE(fixed drug eruption), 10% scabies, 10% scrotal dermatitis and lichen planus each etc.

Table 1: Gender and Age

Gender	Frequency	%
Male	50	100
Age		
19-29	25	50
29-39	10	20
Above 39	15	30

Table 1: Genital dermatoses

Genital dermatoses	Frequency	Percentage
Vitiligo	14	28
Pearly penile papule	6	12
Fixed drug eruption	6	12
Lichen planus	5	10
Scabies	5	10
Scrotal dermatitis	4	8
Dermatophytosis	2	4
Granuloma annulare	1	2
Sebaceous cyst	2	4
Lichen nitidus	1	2
SCC	1	2
Psoriasis	1	2
Lichen sclerosus	1	2
Lymphangiectasia scrotum	1	2

The symptoms depigmentation and itchy genitalia were very common. Other problems were burning sensation, pain, exfoliation of the skin, redness, oozing, raised lesions over the skin, ulceration erosions and thickening of the skin.

DISCUSSION

Genital diseases is related with severe psychological trauma and fear in the mind of patients. Therefore, it is importance to diagnose these non-venereal dermatoses to relieve the patient from the stigma of STD and cancer phobia even in benign conditions. Some studies on the pattern of non-venereal dermatoses from India.^{4,5}

Some author done a study on 200 patients with genital lesions of nonvenereal origin.⁶ Karthikeyan *et al.*⁷ had done a study on the pattern of nonvenereal

dermatoses of male external genitalia from South India. A similar study on male patients at Singapore done by Khoo and Cheong⁸. The mean of the patients were 29.7 years. whereas the age ranged from 9 to 70 years with a mean age 33.7 years in a study by Karthikeyan *et al.*⁷ The 50% patients were age group of 19-29 years, followed by 20% in between 29-39 years in the present study which is similar to Karthikeyan *et al.*⁷ Total fourteen types of nonvenereal dermatoses were observed. Karthikeyan

*et al.*⁷ had 25 different nonvenereal dermatoses in their study.

Vitiligo present in 28% patients, followed by pearly penile papule 12% patients. 12% patients had FDE (fixed drug eruption), 10% scabies, 10% scrotal dermatitis and lichen planus each etc. Acharya⁶ observed infections as commonest disorder contributing 40% cases. Genital vitiligo as most common disorder (16%) was observed in another study, which is almost similar to our study.⁷ Khoo and Cheong⁸ had 14.3% pearly penile papule as most common nonvenereal dermatoses, which are similar to our study.

Genital vitiligo could be an exclusive finding, or it can be associated with generalized vitiligo. Genital vitiligo present in all the age groups of patients in our study its present 28% of the patients. it is similar to Karthikeyan *et al.*⁷ where all the patients with vitiligo were in older age group.

Pearly penile papule is a common disorder found in up to 50% of men.⁹ They were present in 15% cases in our study, which is almost similar to the study conducted by Khoo and Cheong⁸ They are frequently mistaken as warts and misdiagnosed as Tyson's gland or ectopic sebaceous gland of Fordyce.⁵ All the patients with pearly penile papule came to visit OPD in apprehension of some venereal disease. They were counseled about the benign nature of the disease.

Acharya⁶ observed in their study, scabies as most common nonvenereal dermatoses accounting for 15% of the patients, while it was present in only 10% cases in our study. This may be due to lesser prevalence of scabies in this population.

Lichen planus was present in 10% patients in our study that is in contrast with Puri and Puri¹⁰ where it was seen in only 6.6% (3) cases and Karthikeyan *et al.*⁷ where it was seen in only 1 patients. Contributory factors include, friction, maceration, tight clothing, atopy, over-washing, topical medicaments, use of various toiletries, and indigenous preparations.¹¹⁻¹³ Scrotal dermatitis accounted in 4 patients in our study inclusive of allergic contact dermatitis, irritant contact dermatitis. Most of the patients were from the rural background. Acharya *et al.*⁶ did not report any case while Karthikeyan *et al.*⁷ had 13% cases of scrotal dermatitis.

Sebaceous cysts of scrotum were seen in 4% patients in our study, while it was second most common finding (14%) by Karthikeyan *et al.*⁷ They were seen in only 3.7% cases by Khoo and Cheong.⁸

Lichen sclerosus is chronic inflammatory dermatoses which are associated with substantial discomfort and morbidity with an unknown etiology.¹⁴ LS was observed in 2% patients in our study, while it was seen in only 2 patients by Karthikeyan *et al.*⁷ Zoon's balanitis or plasma cell balanitis was observed in 2% patients in our study that had not

been reported by Acharya *et al.*,⁶ Khoo and Cheong⁸ Karthikeyan *et al.*⁷ It is a disorder of middle and older age in uncircumcised male, the etiology remains unknown.¹⁵

CONCLUSION

We concluded that the knowledge of clinical parameter, etiological parameter of various nonvenereal genital dermatoses is very important for life.

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