

## A Clinical Study of Patterns of Non Venereal Genital Dermatoses of Adult Males in a Tertiary Care Center

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**Abstract:** The venereal diseases and their Clinical presentations were well known, hence we made an attempt to study the various Non Venereal male genital dermatoses in a Tertiary care center for a period of one year. With an aim to establish their etiology and review of literature.

All the male patients who attended the DVL OP of Government General Hospital, Vijayawada, for a period of one year from October 2014 to September 2015 with genital complaints were examined and screened to rule out any Venereal diseases and HIV/AIDS. Only the Non Venereal genital dermatoses were identified and further investigated along with biopsy to establish the diagnosis and the results were analysed.

**Key Words:** Non Venereal Genital Dermatoses, Sexually Transmitted Infection

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### I. Introduction:

The venereal diseases and their Clinical presentations were well established and known to most of the clinicians, hence we made an attempt to study the non venereal male genital dermatoses in a Tertiary care center over a period of one year from October 2014 to September 2015.

#### Aim:

To study the various Non venereal genital dermatoses in males and to establish their etiology.

### II. Patients And Methods :

All the male patients aged 18 years and above, who attended the DVL OP of Govt General Hospital, Vijayawada, Andhra Pradesh, during the period of one year from October 2014 to September 2015 with genital complaints were included in our study. Detailed history was taken along with complete physical examination and the findings were recorded. All these patients were subjected to routine investigations and screening tests to rule out any STI/HIV. Counseling was done to all these patients. Only the Non venereal genital dermatoses were identified and further investigated along with Histopathological Examination to establish the diagnosis.

### III. Results :

Total of 100 cases were identified as having Non venereal genital dermatoses. Out of them 64 were from urban area and 36 were from rural area. 50% belonged to lower class and 46% belonged to lower middle class. The commonest age group affected were in the age group of 19 to 30 years (38%). 67% were married and 33% were unmarried. 46% of these patients gave history of exposure, out of which 26% were protected exposures. Penis was involved in 57% of patients and scrotum was involved in 27%, both penis and scrotum were involved in 16% of patients. A total of 14 different non venereal dermatoses were observed in our study. The most common non venereal dermatoses observed in our study was genital vitiligo.

### IV. Discussion:

Majority of patients in our study were unmarried males from urban area belonging to lower class of age group 19 to 30 years. Genital Vitiligo (19%) and Pearly Penile Papules (16%) were the commonest Non venereal genital dermatoses found in our study, followed by Balanoposthitis (10%). The Genital vitiligo could be an exclusive finding or it can be associated with generalized vitiligo. In our study 86% of genital vitiligo was associated with generalized vitiligo & 14% of patients had only genital vitiligo, similar to studies of karthikeyan et al (1)..

Balanoposthitis can occur due to various etiological factors like trauma, infections, irritants, cutaneous & mucocutaneous disorders, pre malignant, malignant diseases. In our study Balanoposthitis was found to be due trauma, irritant topical application, candidial albicans in elderly diabetic patients, retained smegma due to poor hygiene, and infection.

Pearly penile papule were present in 16% of patients in our study, similar to that of studies conducted by Khoo and Cheong (2) and saraswath et al (3). But in Acharya et al study, infections were found to be commonest etiological factor contributing to 40% of cases.

The Non venereal genital dermatoses were categorised as infective and non infective, based on the causative agent. Infective causes are Bacterial, Viral, Fungal & Parasitic infections. Non infective causes are physiological variants, trauma, inflammatory disorders, benign, premalignant & malignant tumors.

A total of 14 different non venereal dermatoses were observed in our study but in Karthikeyan et al 25 different causes, and in saraswath et 16 different causes were observed.

### V. Conclusion:

According to our study Genital Vitiligo, Pearly Penile Papules and Balanoposthitis were the common clinical patterns of Non Venereal genital Dermatoses among urban male population of Low Socio economic status. Contrary to normal belief all the lesions of the genitalia are not always sexually transmitted. It is important to distinguish between venereal and non venereal genital dermatoses as they are of considerable concern to patients causing mental distress and feeling of guilt. Hence forth. stressing the importance of proper counseling and complete examination in patients with genital lesions.

**Table- I**

| Age distribution |        |            |
|------------------|--------|------------|
| age              | number | percentage |
| 19 - 30          | 38     | 38         |
| 31 - 40          | 15     | 15         |
| 41 - 50          | 23     | 23         |
| 51 - 60          | 15     | 15         |
| 61 - 70          | 06     | 08         |
| 71 - 80          | 03     | 03         |

**Table- II**

| Marital Status |        |            |
|----------------|--------|------------|
|                | Number | Percentage |
| Married        | 67     | 67         |
| Un married     | 33     | 33         |

**Table-III**

| Exposure History |             |           |
|------------------|-------------|-----------|
| Exposed          |             | Unexposed |
| Protected        | Unprotected |           |
| 26               | 20          | 64        |

**Table-IV**

| Socio economic class |        |            |
|----------------------|--------|------------|
| Class                | Number | Percentage |
| Lower class          | 50     | 50         |
| Lower middle class   | 46     | 48         |
| Upper middle class   | 04     | 04         |

**Table-V**

| Genital Involvement |         |      |
|---------------------|---------|------|
| Penis               | Scrotum | Both |
| 57                  | 27      | 16   |
|                     |         |      |

**Table-VI**

| S.NO | Genital Dermatoses                    | Number | Percentage |
|------|---------------------------------------|--------|------------|
| 1    | Genital vitiligo                      | 19     | 19         |
| 2    | Pearly penile papules                 | 16     | 16         |
| 3    | Balanoposthitis                       | 10     | 10         |
| 4    | Scrotal Dermatitis                    | 09     | 09         |
| 5    | Calcinosis Cutis                      | 07     | 07         |
| 6    | Phimosis                              | 06     | 06         |
| 7    | Sebaceous cyst of Scrotum             | 06     | 06         |
| 8    | Tenia cruris with genital involvement | 06     | 06         |
| 9    | Lichen Planus                         | 03     | 03         |
| 10   | Lichen Sclerosus et Atrophicus        | 02     | 02         |
| 11   | Zoons Balanitis                       | 02     | 02         |
| 12   | Fixed Drug eruption                   | 02     | 02         |
| 13   | Paraphimosis                          | 02     | 02         |
| 14   | Penile Horns                          | 02     | 02         |
| 15   | Angiokeratoma of Fordyce              | 02     | 02         |
| 16   | Balanitis Xerotica obliterans         | 02     | 02         |
| 17   | Penile trauma                         | 01     | 01         |
| 18   | Pemphigus vulgaris                    | 01     | 01         |
| 19   | Fodyce spots                          | 01     | 01         |
| 20   | Tysonitis                             | 01     | 01         |
|      |                                       |        |            |
|      |                                       |        |            |
|      | Total                                 | 100    |            |

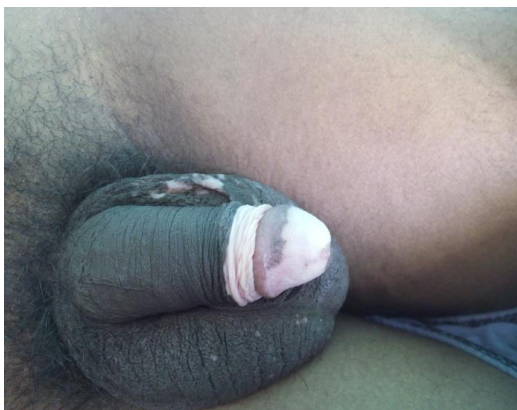


Fig.1.Genital Vitiligo

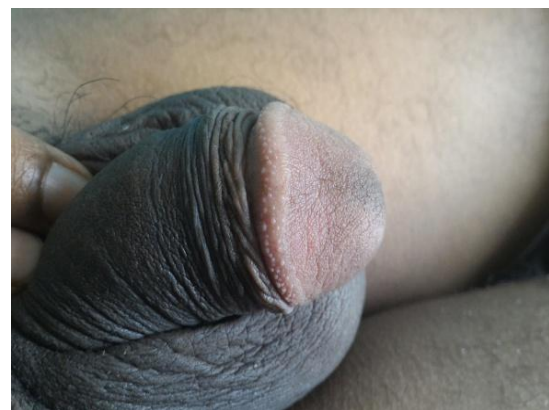


Fig.2. Pearly Penile Papules



Fig.3. Paraphimosis

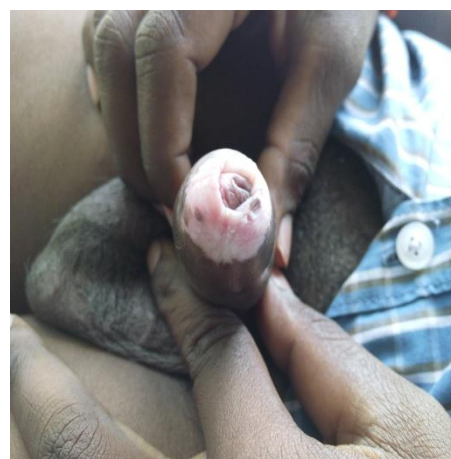


Fig.4. Lichen sclerosus et atrophicus

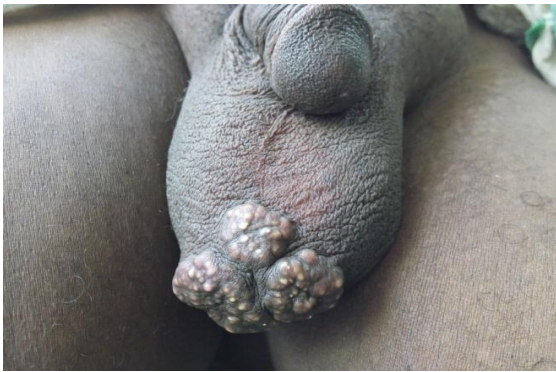


Fig.5. Calcinosis cutis



Fig.6. Zoons balanitis



Fig.7. Sebaceous cysts of scotal skin



Fig.8. Scrotal dermatitis

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