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

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Abstract: *Genital dermatology encompasses a wide variety of lesions and skin rashes that affect exclusively the genital area. Some are found only on the genitals while other usually occur elsewhere and may take on an atypical appearance on the genital.The clinician must determine whether a genital eruption is related to a sexually transmitted disease, a dermatoses limited to the genitals, or part of a widespread eruption.*
Although the literature is saturated with with case reports of genital dermatoses no formal study has been done on over all occurrence. Hence we undertook to find out incidence of venereal genital dermatoses in males at tertiary care centre in Guntur medical college, Guntur, Andhra Pradesh
Keywords: *Venereal Genital Dermatoses, Sexually Transmitted Infection*

I. Introduction

Genital dermatology encompasses a wide variety of lesions and skin rashes that affect exclusively the genital area. Some are found only on the genitals while other usually occur elsewhere and may take on an atypical appearance on the genitalsThe clinician must determine whether a genital eruption is related to a sexually transmitted disease, a dermatoses limited to the genitals, or part of a widespread eruption[1] Genital dermatology is classified into venereal and non venereal dermatoses. Both venereal and non venereal dermatoses tend to be confused, the occurrence of these dermatoses may be associated with mental distress and guilt feelings in affected patients.[2]

Aim

1.To study incidence of venereal dermatoses of the male genital region attending DVL department , GGH, Guntur.
2.To do extensive work up and find out most common condition and classify them morphologically and aetiologically.

II. Patients And Methods

This is a descriptive study spanning a period of 18 months from January 2015 to June 2016 , all male patients attending DVL department, government general hospital Guntur ageing between 15-65 years are screened for venereal and non venereal genital dermatoses.Informed consent was taken and a detailed history including dermagraphic data, chief complaints related to skin, presence of itching, skin lesions onset and associated medical conditions were elicited and recorded. Enquiry was made with regard to history of sexual exposure.Genital region was examined and findings were noted. A detailed physical examination was made to see any associated lesions elsewhere in the body. All these patients were subjected to routine investigations and screening tests to rule out any STI/HIV. Counseling was done to all these patients.

III. Results

Total number of patients attended DVL out patient department from January 2015 to june 2016 are 60236. Out of 60236 patients attending DVL OP number of male patients with genital lesions are 665. Number of paitents seclected for this study after obtaining consent are 368 and no of patients with venereal genital lesions are 168.Out of them 61 were from urban area and 107 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 35 years. 92 were married and 76 were unmarried. 46% of these patients gave history of exposure, out of which 26% were protected exposures. A total of 7 different venereal dermatoses were observed in our study. The most common non venereal dermatoses observed in our study was genital scabies.

IV. Discussion

In our study the most common venereal genital lesions observed is scabies which is a non ulcerative disease seen in 53 cases among sexually active men between 15-35 years more from rural population. Lesions

are mostly seen both scrotum and penis in 28 cases and only penis in 11 cases and only scrotum in 12 cases. History of sexual exposure present. No extra genital involvement seen. None of the cases were positive for HIV.

In our study the incidence of genital scabies is 31.54% ,this is in contrast to other studies in India where genital scabies was reported an incidence of 5.2%[3,] in study done by Alpna Thakur, Sita Malhotra and Suhail Malhotra of Department of Dermatology, Venereology and Leprosy, Government Medical college, Amritsar, Punjab, India. This difference may be due to demographic trend and low socio-economic status of the people living in Guntur.

Among the viral genital dermatoses herpes genitalis is the most common genito-ulcerative disease observed in our study accounting for 24..41%, while genital warts was the commonest non-ulcerative viral STD accounting for 15.16% followed by MC 11.79%

which is comparable with Ray et al[4]. study, Devi et al[5]. study, Jain t al[6].study, and Chandragupta et al[7]. study. This denotes an increasing trend of infections due to viral aetiology as compared with bacterial infections Marked decline in bacterial STIs, resulting in an apparent increase of the viral STIs, has been reported from various Indian studies[3,4,5,6.]

Our study confirmed a similar pattern and showed an increasing trend of herpes and genital warts. There was an increasing trend of viral STIs with reduction in those of bacterial origin probably due tobetter anti biotics, empirical treatment provided by general practitioners.

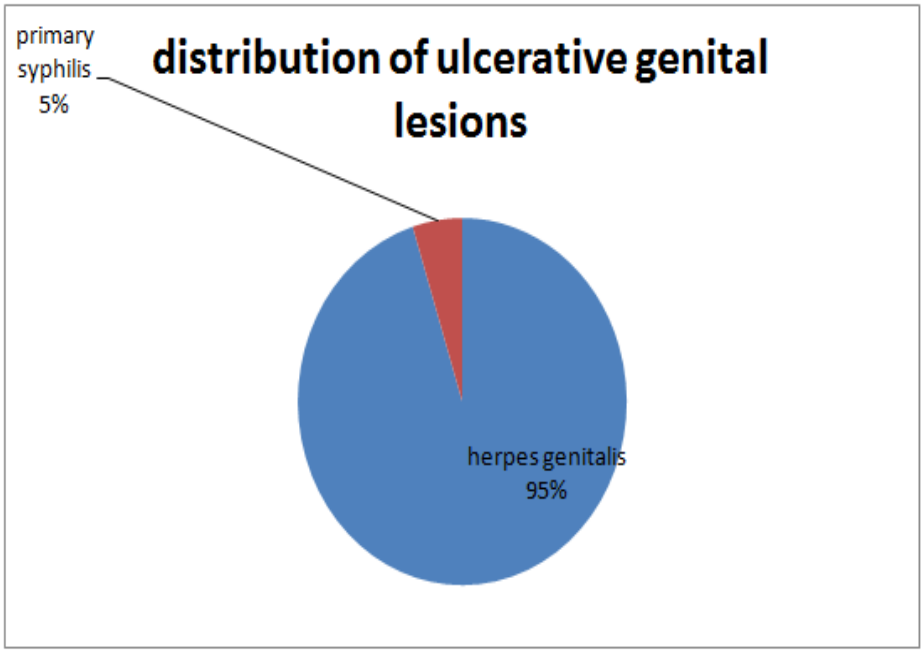
The recurrent and unremitting symptoms of viral STIs prompt these patients to report to a higher center for treatment and voluntary testing to rule out HIV disease.

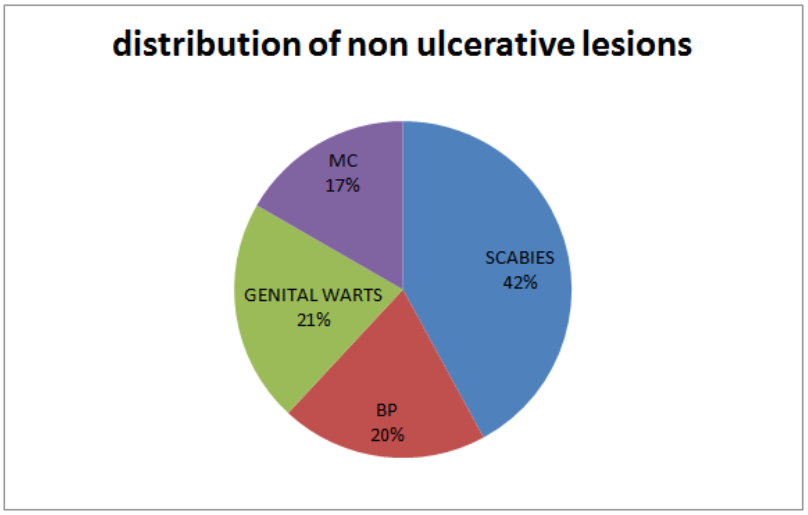
In the present study, VDRL reactivity was seen in 7.14%% of total ulcerative STI patients as compared with 53.3% VDRL reactive in Mewada et al. Study[8].

Common STI associated with HIV was herpes genitalis consistent with Devi et al[5]. study and Kavina et al[9]. study.

In the present study HIV seropositivity among STI patients was 2.97%, consistent with the national a verage (2.5%)as per recent NACO estimates[9]. But there was wide variation for seropositivity for HIV amon g STI patients,8.21% in Zamzachin et al[10]study, 9.62% in Jaiswal et al.[11] study, and 17.2% in Saikia et al[12]. stud y.This difference could be attributed to high prevalence of HIV infection and intravenous drug abuse in northeastern part of India. Candidial balanoposthitis was observed in 25 cases accounting for 14.04%, next to genital scabies, herpes genitalis and genital warts as compared to 37.6%[3] , in study done by Alpna Thakur, Sita Malhotra and Suhail Malhotra Department of Dermatology, Venereology and Leprosy, Government Medical college, Amritsar, Punjab and 22% in a study by Zamzachin G, Singh NB, Devi TB, Dept. of Dermatology & Microbiology, Regional institute of Medical Sciences, Imphal in which BP was most common STD observed in their study and this is due to demographic trend and living condition of the people..

Syphilis was observed in 2 cases accounting for 1.12% as compared to to 1.1%[14] in a study done by Tulika Rai, S. Suhail Amin Department of Dermatology, JNMCH, Aligarh Medical University, Aligarh, India which is consistent with their study





V. Conclusion

To sum up, bacterial STDs like chancroid and gonorrhea are showing a declining trend, but the viral STDs like herpes genitalis and condylomata acuminata are showing upward trend. There is a decline in the number of patients with STDs attending the hospital. Whether this is due to an actual decrease in the incidence of STDs or due to other factors is uncertain. .factor leading to a decline in the number of patients with STDs approaching higher centers like the teaching hospital where this study was undertaken. The emphasis on the syndromic approach to the management of STDs might have increased the accessibility to healthcare for these patients with STDs. Another factor to be considered is the widespread use of antibacterials, including quinolones and the new macrolides, for the treatment of other diseases. This can result in partial treatment or modified course of the bacterial STDs, thereby leading to apparent reduction in the total number of cases of STDs attending STD clinics as well as a decrease in the proportion of bacterial to viral STDs. A word of caution need to be exercised in the interpretation of the above data which is institution or tertiary care centre based, hence many of the changing patterns of STIs may not be true.

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