

GENİTAL LEZYON İLE ÜROLOJİ POLİKLİNİĞİNE BAŞVURAN ERKEK HASTALARIN DEĞERLENDİRİLMESİ

Evaluation of Male Patients who Applied to Urology Polyclinic With Genital Lesion

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ÖZET

Amaç: Bu çalışmada amaç, üroloji polikliniğine genital bölgede cilt lezyonu ile başvuran ve dermatoloji tarafından konsülte edilmiş olan hastaların geriye dönük olarak tanılarının değerlendirilmesidir.

Gereç ve Yöntemler: Çalışmaya son 4 ayda üroloji polikliniğine genital bölgede cilt lezyonu ile başvuran ve dermatoloji bölümü tarafından konsülte edilmiş olan 18 yaşının üstünde 44 erkek hasta dahil edildi. Üroloji polikliniğine genital bölgede cilt lezyonu ile başvuran hastalar öncelikle üroloji uzmanı tarafından değerlendirildi. Ardından bu hastalar dermatoloji polikliniğine yönlendirildi ve uzman dermatolog tarafından değerlendirildi.

Bulgular: Çalışmaya 19 ile 60 yaş arasında toplam 44 erkek hasta dahil edildi. Hastaların yaş ortalaması $36,97 \pm 12,17$ idi. İnflamatuar hastalıklar kategorisinde 11 (%25) hastada kontakt dermatit, 2 (%4,5) hastada liken simpleks kronikus, 2 (%4,5) hastada fiks ilaç döküntüsü, 2 (%4,5) hastada psoriasis, 1 (%2,3) hastada liken planus ve 1 (%2,3) hastada liken sklerotrofik mevcuttu. Enfeksiyöz hastalıklar kategorisinde 17 (%38,6) hastada kondiloma aküminata, 3 (%6,8) hastada herpes simpleks enfeksiyonu ve 1 (%2,3) hastada molluskum contagiosum mevcuttu. Diğer hastalıklar kategorisinde ise 2 (%4,5) hastada anjiyokeratom, 1 (%2,3) hastada vitiligo ve 1 (%2,3) hastada kalsinozis kutis mevcuttu.

Sonuç: Genital bölgedeki hastalıkların tanı ve tedavisinde multidisipliner yaklaşım gerekmektedir.

Anahtar kelimeler: Dermatoloji; Erkek; Genital lezyon; Üroloji

ABSTRACT

Aim: The aim of this study was to evaluate retrospectively the patients who were referred to the urology clinic with genital skin lesions and evaluated by dermatology.

Materials and Methods: Forty-four male patients over 18 years of age who were applied to urology clinic in the last 4 months with a skin lesion in the genital area and who were evaluated by the department of dermatology were included. Patients who applied to the urology clinic with a skin lesion in the genital area were first evaluated by a urologist. These patients were then directed to the dermatology polyclinic and evaluated by a dermatologist.

Results: A total of 44 male patients between 19 and 60 years of age were included in the study. The mean age of the patients was 36.97 ± 12.17 . In the inflammatory diseases category, contact dermatitis was found in 11 (25%) patients, lichen simplex chronicus in 2 (4.5%) patients, fix drug eruption in 2 (4.5%) patients, psoriasis in 2 (4.5%) lichen planus in 1 (2.3%) patient, and lichen sclerosus in 1 (2.3%) patient had. In the infectious diseases category, 17 (38.6%) patients had condyloma acuminata, 3 (6.8%) patients had herpes simplex infection and 1 (2.3%) patient had molluscum contagiosum. In the other diseases category, angiokeratom in 2 (4.5%) patients, vitiligo in 1 (2.3%) patient and calcinosis cutis in 1 (2.3%) patient were present.

Conclusion: A multidisciplinary approach is needed in the diagnosis and treatment of diseases in the genital region.

Key words: Dermatology; Genital lesion; Male; Urology

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INTRODUCTION

Most infectious, neoplastic and inflammatory dermatoses may affect the male genital system. Although some common diseases may incidentally affect the genital system, there are some diseases affecting especially genital system. (1) The thin and moistured skin of the genitalia is more sensitive and reactive to topical products and drugs compared to other parts of the body. Therefore some cases are atypical in the genital region.(2)

Patients with genital skin lesions usually attend to urologists and dermatologists. The clinicians may not be knowledgeable about genital skin lesions. (3,4) Many patients are obsessed with sexually transmitted diseases when they notice genital skin changes. The Clinicians have to determine whether a genital skin lesion is a dermatologic problem or genital involvement of systemic disease in the genital system. (1)In the management of these patients, the urologists work in coordination with the dermatologists. Male patients who have skin lesions usually attend to urology policlinics because of social drawbacks and the thought of urological concern of the problem. Usually, many urologists refer these patients to the dermatologists. The male patients with skin lesions have a wide distribution of diseases. Therefore the urologists must have information about these genital skin lesions. In our study, we aimed to evaluate retrospectively the distribution and the rate of the true diagnosis of the patients with genital skin lesions who were referred to urologists and reevaluated by dermatologists later.

MATERIALS AND METHODS

Forty-four male patients over 18 years of age who attended to urology polyclinics in the last 4 months with a skin lesion in the genital region and who were reevaluated by the same dermatologist were included. Ethical approval was taken from the local ethical committee. The patients who applied to urology polyclinics with genital skin lesions were first evaluated by a urologist. Demographic features of patients such as age, gender, marital status, nationality and comorbid diseases, casual sex and drug history were recorded. Urological examination of all patients was performed. Laboratory tests of HBsAg, Anti HCV,

TPHA (Treponema Pallidum Hemagglutination Test), Anti HIV were performed. Patients were referred to dermatology polyclinics and reevaluated by the same dermatologist. Skin biopsy was performed when needed. The management and control of the patients were performed by the same dermatologist.

Statistical Analyses:

The data were analyzed with SPSS 18.0 version 18.0 software (IBM, Chicago IL). Numerical variables were shown as mean and standard deviation if it is necessary. Descriptive statistics of nominal variables were given as count and percentage. $p < 0.05$ values were accepted as statistically significant for all tests.

RESULTS

Forty-four male patients between 19 and 60 years of age with genital skin lesions who attended to urology policlinics were included in our study. The average age was 36.97 ± 12.17 . 27 patients (61.4%) were married, 16 patients (36.4%) were single and one patient (2.2%) was a widower. All patients were Turkish citizens. Among them, 10 patients (22.7%) had casual sex but 31 patients (70.5%) did not have casual sex. There was not any information about suspicious sexual intercourse for the remaining 3 patients (6.8%). The laboratory analyzes of the patients concerning venereal or sexually transmitted diseases were all negative.

The dermatological diagnosis of the genital lesions was divided into three groups as inflammatory, infectious and non-inflammatory non-infectious group. In the inflammatory group, contact dermatitis was found in 11 (25%) patients, lichen simplex chronicus was found in 2 (4.5%) patients, fix drug eruption was in 2 patients (4.5%) , psoriasis was in 2 patients (4.5%), lichen planus was in 1 patient (2.3%) and lichen sclerosus was in 1 patient.(2.3%) In the infectious group, 17 patients (38.6%) had condyloma accuminata, 3 patients (6.8%) had herpes simplex infection and one patient had molluscum contagiosum (2.3%) In the non-inflammatory non-infectious group angiokeratoma was in 2 (4.5%) patients, vitiligo was in 1 (2.3%) patient and calcinosis cutis was in 1 patient (2.3%) (Table 1). The most common three diagnoses were condyloma accuminata, contact dermatitis and herpes simplex

infection and the main lesions of the attending patients were of infectious origin.

Table 1. Dermatological Diagnoses of Patients with Genital Lesion

	Diagnose	Number (%)
Inflammatory	Contact Dermatitis	11(%25)
	Psoriasis	2(%4,5)
	Fix Drug Eruption	2(%4,5)
	Lichen Simplex Chronicus	2(%4,5)
	Lichen Planus	1(%2,3)
	Lichen Scleroatrophic	1(%2,3)
Infectious	Condyloma Acuminata	17(%38,6)
	Herpes Simplex	3(%6,8)
	Molluscum Contagiosum	1(%2,3)
Others	Angiokeratom	2(%4,5)
	Vitiligo	1(%2,3)
	Calcinosis Cutis	1(%2,3)
Total		44(%100)

DISCUSSION

In our study, the top three diagnoses were condyloma acuminata, contact dermatitis and herpes simplex infection.

Condyloma acuminata is a sexually transmitted disease. It is seen in 1% sexually active patients between 15 and 25 years of age. It occurs as a result of the human papillomavirus (HPV) infection. Its prevalence is predicted as 30-50 % including subclinical and latent infections. (5, 6) HPV has over 100 sub-types. One-fourth of these sub-types are seen in anogenital region lesions (7). The most frequent genital papillomas are formed by low-risk subtypes of HPV such as 6 and 11. HPV 6 and 11 are rarely related to genital cancers. On the other hand HPV subtypes 16 and 18 are more likely to be found in subclinical infections. They are found to be related to genital cancers (8). In clinical practice, anogenital papilloma is usually seen as pedunculated cauliflower-like verrucous papules. Lesions are usually multifocal. Glans penis, sulcus coronarius, frenulum preputii and scrotum are the most affected areas in men. (5, 9) Fagundes et al. reported in a study of 4128

cases, they found that condyloma acuminata was the most frequent (29.4%) sexually transmitted disease. (10) You et al. found condyloma acuminata in 4 of 65 patients (6.2%) in a study in which they retrospectively analyzed dermatoses in glans penis. (11) In their study, inflammatory dermatoses (seborrheic dermatitis and lichen planus) were the most frequent lesions in glans penis localization. Anogenital condylomas were mostly detected by dermatologists (44.8%) and followed up by urologists (25.1%). Therefore in cases for anogenital condyloma, urologists should consult with dermatologists in suspected situations. In our study, condyloma acuminata was detected by a urologist and were consulted with a dermatologist in order to concretize the diagnosis. Sexually transmitted diseases are important for the public health because they facilitate transmission of hepatitis and HIV infections. (12, 13) In our study, ELISA tests were studied but no positive result was present. Bada et al. reported 2.2-10.4% prevalence for HBV in adults. However, HbsAg was present in 36% of patients who had sexually transmitted disease in their country. This result shows that patients who have sexually transmitted disease are reservoirs for HBV infection. (14) In our study, there was no positive result due to low patient number and inclusion of non-venereal diseases. Different reports are present about sexual transmission of HCV in epidemiological studies. The occurrence of HCV in semen and other biological serums are not precisely shown. The transmission rate of HCV infection is 2.5 % if one of the couples has HCV infection. Heterosexual transmission of HCV infection in couples is possible but not frequent (15). In our study HIV and TPHA did not accompany with this infection. But patients, especially with dermatological, diagnose that was compatible with sexually transmitted disease and who had casual sex were followed for later positive results.

Various cosmetic products, topical drugs and their components, clothes and damp toilet paper contact with anogenital skin. The irritating potential of topical preparations, clothes, hygienic products and sensitivity of skin area result in contact dermatitis. Also, the risk of the sensitivity of patients with anogenital dermatoses is higher. (16, 17) Contact dermatitis is the most frequent reason of male genital organ inflammation.

Contact dermatitis has two forms as irritative and allergic. The irritative form is more frequent. It occurs due to contact of chemicals to the genital epithelium. Soaps, topical drugs, deodorant sprays, disinfectants or antiseptic solutions may cause an irritative reaction. (18) In our study, 11(25%) patients had skin lesions compatible with contact dermatitis. These patients were informed of the products used for this area and were advised to avoid irritative products.

Herpes simplex virus (HSV) is the most frequent reason for genital ulcers. (19) In clinical experience maculopapular debris followed by vesicle, pustule and ulcerative lesions. Although systemic symptoms are rare in males. (1) fever, myalgia and lethargy may be seen. Herpes disease is diagnosed in the presence of vesicles and erosions. But atypical deep and permanent ulcers can be seen especially in HIV positive and immunosuppressed patients. (20) Urologists have to consider the other sexually transmitted diseases if they suspect herpes genitalis and keep in mind to consult the patients with a dermatologist in case of atypical forms. You et. al examined dermatoses in glans penis. In their retrospective study, herpes genitalis was detected in 4 of 65 patients (6.2%) (11). In our study herpes genitalis were detected in 3 of 44 patients. (6.8%)

Psoriasis is the most frequent chronic inflammatory disease seen in the genital region. (1) It is especially seen in circumcised male penile glans and corona as live red sharp limited scaly patches. (21) In our study 2 patients (4.5%) had psoriasis. These two patients had previous psoriasis diagnosis and had psoriatic lesions in the other parts of their bodies. Cutaneous rashes may be seen in inflammatory diseases such as lichen planus and lichen sclerosus et atrophicus. Also, genital involvement may be seen in these diseases. Skin biopsies are needed to accomplish the diagnoses. (1, 21) In our study, 1 patient (2.3%) had lichen planus and 1 patient (2.3%) had lichen sclerosus et atrophicus. (In these two patients histopathological examination was needed to confirm the diagnosis.)

Fixed drug rash (eruption) is a repeated reaction which is seen in every drug intake. (22) Acute erythema,

edema and erosion usually accompany these lesions. (21) Genital involvement is seen in 20% of patients and it may be the only site of involvement. (23) Barbiturates, sulfonamides, salicylates, non-steroidal anti-inflammatory drugs and tetracyclines are the most frequent drugs related to fixed drug rash. (24) In our study two patients (4.5%) had fixed drug rash. (One of them had previous non-steroidal anti-inflammatory drug intake history where the other had previous antibacterial drug intake history) In acute developing lesions, drug effects must be considered and evaluated. In conclusion, inflammatory, non-inflammatory and infectious diseases are seen in the male genital system. These diseases affect the quality of life. Especially male patients attend to urology polyclinics with the feeling of shame and guilt. Urologists have to evaluate these patients carefully and consider sexually transmitted diseases. In case of suspicious cases, urologists have to consult the patients to dermatologists. A multidisciplinary approach is important for the diagnosis and management of genital system diseases.

Conflict of Interest:

There is no conflict of interest among the authors.

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