

## INCIDENCE OF PEARLY PENILE PAPULES AMONG STD PATIENTS

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Out of 148 consecutive male patients who attended the Skin and S.T.D. clinic for sexually transmitted diseases or related problems, 30 patients had pearly penile papules. The average age of these patients was 25 years. The incidence among circumcised and uncircumcised patients was almost equal. Twenty per cent of those with pearly penile papules felt that they had an S.T.D. Pearly penile papules is a common cause of venereophobia.

**Key words :** Pearly penile papules, Circumcision, Venereophobia.

Pearly penile papules (PPP) are small, smooth, symptomless, dome-shaped or hair-like papules involving the penile corona. They appear to be physiological variants and without functional significance. They occur at any age after puberty, but are chiefly detected between the ages of 20 and 50.<sup>1</sup> An incidence of 10-20% has been reported by various authors.<sup>2,3</sup> Histologically they are described as keratoangiomas.<sup>4</sup>

In our experience, patients with PPP constitute a considerable portion of those young individuals who present with symptoms of venereophobia. This was substantiated in this study.

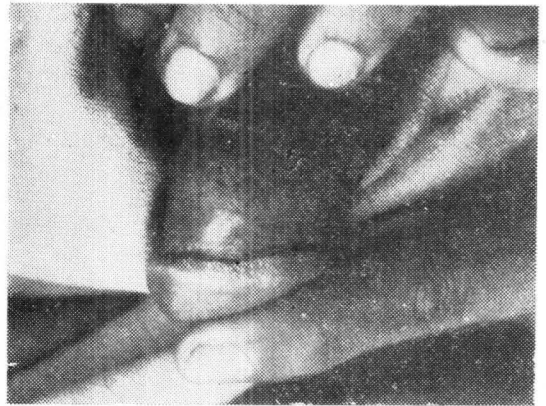
### Materials and Methods

One hundred and forty eight consecutive male patients who attended the Skin and S.T.D. Clinic of Medical College, Calicut, Kerala, for diagnosis, treatment and follow-up of sexually transmitted diseases or related problems, over a period of 3 months from June 1981 to August 1981 were examined for the presence of PPP. Details concerning age, circumcision, symptoms, duration of lesions, relation to sexual exposure and concomitant venereal diseases were tabulated. Patients with only a few tiny lesions were

counted as negative. Only those with an undisputed presence of PPP were counted as positive. Histopathology was also studied.

### Results

Thirty (20.27%) out of 148 patients had PPP. The lesions were 0.5 mm to 1 mm in diameter, flesh coloured to pearly white and were usually seen in a row along the penile corona. Only papular structures (Fig. 1) were observed rather than filiform, verrucous or glandular structures.



**Fig. 1.** Multiple pearly papules along the coronal border of glans penis.

Patients with PPP ranged in age from 18 to 32 years (average age 25) compared to 17 to 54 years (average age 26.5) for all the patients,

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The youngest patient was 18 years and the oldest 32 years (Table I). One hundred and twenty five (84.46%) of the patients were uncircumcised and 23 (15.54%) were circumcised. Of the circumcised, 4 (17.39%) had PPP, whereas 26 (20.80%) uncircumcised patients had PPP.

**Table I.** Age distribution of PPP patients.

Age group in years	Number of patients
11-20	4
21-30	23
31-40	3

The duration of awareness of the lesion varied from 1 month to 6 years. Four patients were totally unaware of the lesions, until it was brought to their attention.

Of the 30 patients detected to have PPP, 6 (20%) attended the clinic believing it to be abnormal, i. e., some form of S.T.D. All of them were unmarried, below the age of 24 years and noticed the lesions only after sexual exposure. These patients were having varying symptoms, all amounting to venereophobia. It was difficult to convince them of the innocuous nature of these lesions, even when confronted with negative laboratory tests pertaining to sexually transmitted diseases. The remaining 24 (80%) patients did not have any symptoms related to the presence of the lesions. Among them 20 patients were aware of the lesions and were either not bothered about it or felt it to be normal, even though they had sexual exposure; 14 having premarital and 6 having extramarital exposure. Four patients had noticed them only when their attention was brought to it.

Table II shows the pattern of S.T.D. among the 148 patients.

**Table II.** Pattern of STD among the group studied.

Disease	Number of patients
Syphillis	8
Gonorrhoea	24
N G U	32
Herpes progenitalis	18
Chancroid	4
Monilial balanitis	18
PPP alone	6
Others	38
Total	148

## Comments

Littre<sup>5</sup> in 1700 described lesions similar to PPP. In 1888, Dering<sup>5</sup> reported similar lesions, thinking them to be nerve organs. Buschke (1909) demonstrated similar lesions in 8% (36) of 435 people examined, but only 6% had prominent lesions. Tannenbaum and Beckers<sup>2</sup> reported an incidence of 10%, whereas Glicksman and Freeman<sup>3</sup> examining 229 patients attending S.T.D. clinic, noticed an incidence of 20%. In our study, the incidence was 20.27%. The average age is 25 years in our series, which is comparable to other reports. In Glicksman and Freeman's series, 22% incidence was noticed in the uncircumcised group compared to 12% in the circumcised, suggesting circumcision as a significant factor. In our series, we found a slightly higher incidence in uncircumcised patients, although the difference is not significant.

A significant finding which we noticed is the presence of a phobia in 20% patients that they have acquired an S.T.D. and that these papules are the direct result of the sexual escapade. It was very difficult to convince them of the innocuous nature of these lesions.

Those who had PPP, and with no history of premarital sexual exposure were either not bothered about it or were easily convinced of the nature of the lesion on explanation.

The lesions have been previously reported as pearly penile papules<sup>4</sup> and papillae in the corona glandis.<sup>7</sup> Hirsutoid papules<sup>6</sup> and corona capilliti are other synonyms. Various modalities of treatment have been suggested by different authors, like, electrofulgeration, local application of podophyllin resin etc. But majority agree that the only treatment required is reassurance.

Histologically, they consist of an outer keratinising epidermis, with a central fibrous core.

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