

A STUDY OF 200 CASES OF GENITAL LESIONS OF NON-VENEREAL ORIGIN

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A study of 200 cases of genital lesions of non-venereal origin was carried out in the out-patient department of Dermatology and Venereology, during the period from January 1994 to February 1996. Male to female ratio was 1.8:1. In 72 of the patients were from lower socioeconomic class. Majority of patients (48.5%) had lesions of infective etiology. Fourteen cases (7%) had drug reaction and 17 (8.5%) had premalignant or malignant lesions.

Key words: Genitals, Non-venereal

Introduction

Genital lesions can be conveniently classified into venereal and non-venereal diseases. If lesions develop simultaneously on the genital and on the other parts of the body, a venereal cause is less likely.¹ Genital lesions of non-venereal origin are characterized by presence of various types of lesions of different morphology and of diverse etiology. Clinically patient may present with papules, nodules, plaques, ulcers, bullous or vegetative lesions, fungating mass, sclerotic patches, or cicatricial lesions. In our study we tried to find out the incidence of different non-venereal lesions on the genitals, their occurrence in different age groups and other relevant data.

Materials and methods

Detailed history was taken including age,

sex, occupation, and marital status of the patient. Enquiry was also made for drug history, history of trauma, and history about sexual exposure. Detailed physical examination was carried out to see any associated lesions elsewhere on the body. In all patients routine investigations like complete haemogram and chest skiagram were done. Special investigations like gram stain, KOH smear, Tzanck smear, pathergy test and pus culture and sensitivity were performed. Liver function tests, renal function tests and ultrasonography and serum ELISA for HIV were carried out as and where indicated.

Results

In our study the age of patients ranged from 1 month to 80 years. Majority of patients 62(31%) belonged to the age group 31-40 years. Male to female ratio was 1.8:1

Majority of the patients were labourers(48%)

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followed by students (22%). Sixty percent of the patients belonged to lower socioeconomic class.

Table I. Infections and infestations

		Cases
Fungal (35)	1. Dermatophytosis	22
	2. Candidiasis	13
Bacterial (23)	1. Pyoderma	20
	2. Genital T.B.	02
	3. Fournier's gangrene	01
Viral (6)	1. Molluscum contagiosum	03
	2. Warts	02
	3. Herpes zoster	01
Others (33)	1. Scabies	30
	2. Insect bite	02
	3. Elephantiasis	01
Total		97 (48.5%)

Out of 200 cases, 97 (48.5%) had lesions of infection or infestation (Table I)

Fourteen cases (7%) had drug reactions which included fixed drug eruption and Stevens-Johnson syndrome. Eleven cases were detected to be suffering from premalignant skin conditions such as balanitis xerotica obliterans, lichen sclerosus et atrophicus, leukoplakia and erythroplasia of Queyrat. Malignant conditions were found in 6 cases (3%) which included squamous cell carcinoma, Bowen's disease, Paget's disease

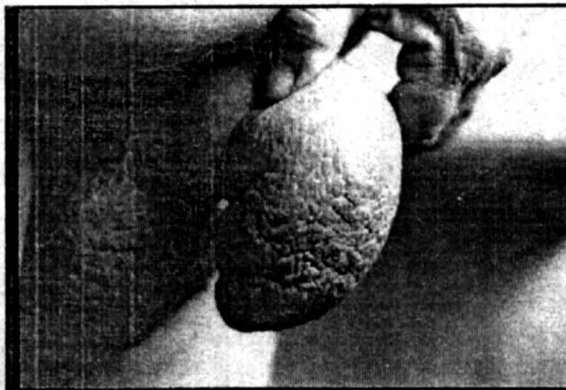


Fig 1 Lymphedema : Filarial lymphedema of shaft of penis.

and basal cell carcinoma. Four cases (2%) had traumatic lesions out of which 2 had physical trauma of zip fastener injury and another 2 had irritant contact dermatitis due to chemical. Three

Table II. Miscellaneous conditions of non venereal origin

No.	Disease	Number of cases
1.	Sebaceous cyst of scrotum	09
2.	Pemphigus group of disease	07
3.	Pruritus scroti/vulvae	07
4.	Pearly penile papules	07
5.	Lichen planus	06
6.	Fordyce disease	06
7.	Psoriasis	06
8.	Vitiligo	05
9.	Lichen nitidus	03
10.	Epidermal naevus	02
11.	Bullous Pemphigoid	02
12.	Angiokeratoma of scrotum	02
13.	Dermatitis herpetiformis	01
14.	Herpes gestationis	01
15.	Behcet's disease	01
16.	Histiocytosis	01
	Total	65



Fig 2. Histiocytosis: Multiple grouped papulonodular lesions with crusted plaques over groin, thighs and lower abdomen.

were found to be suffering from allergic contact dermatitis.

Miscellaneous conditions of non venereal origin observed in 65 patients are given in table II.

Discussion

Every yellow thing is not gold. In the same way every lesion on genitals is not of venereal origin. In the present HIV era, non-venereal genital lesions irrespective of etiology can be an easy route of HIV. More and more studies should be carried out to know the incidence of non-vene-

real genital lesions. Due to paucity of literature available on similar study, we could not compare our results with other studies.

Reference

1. Engelkens HJH. Genital ulcer disease, *Int. J Dermatol* 1993; 32: 169-181.