

Palatal ecchymosis associated with irrumation

Sir,

Oral injuries from trauma due to mechanical, chemical or thermal factors are an important cause of oral mucosal disease. Traumatic lesions clinically present in various forms including ulcers or erosions, hemorrhagic lesions, keratotic patches and hyperplastic growths.

Hemorrhagic lesions that occur following oral trauma include petechiae (<2 mm in diameter), purpura (2 mm to 1 cm in diameter) and ecchymosis (larger than 1 cm in diameter).^[1] Here, we describe a case of palatal ecchymosis following mechanical trauma. The differential diagnosis of palatal hemorrhagic lesions is also highlighted.

A healthy 28-year-old woman attended for regular dental checkup. Examination of her oral cavity revealed a non-elevated, painless, diffuse area of ecchymosis with irregular borders measuring approximately 2 × 1.5 cm on the left side of the hard palate [Figure 1]. The lesion did not blanch under pressure. Concurrently, no other similar lesions were found elsewhere in her mouth or body.

There was no history of thermal or chemical trauma. However, in the past few months she had experienced similar lesions on the palate, which usually disappeared within a week to 10 days. She reported that she had been giving oral sex to her husband for the past one year. After clinical examination, a routine blood investigation showed all parameters within normal limits. Based on the above findings, the lesion was diagnosed as irrumation or fellatio-associated ecchymosis of the hard palate. The patient was educated and reassured. Follow-up



Figure 1: Ecchymotic lesion on the hard palate

after 2 weeks showed complete disappearance of the lesion.

Irrumation or fellatio is a sexual act in which the penis is placed into the mouth of another person, the “recipient sexual partner”, also known as oral intercourse. Clinical presentations of fellatio-associated traumatic blood vessel injuries of the palate include ecchymoses, petechiae, purpura, hemorrhage, erythema and palatitis. These lesions are either acute or chronic and are more prevalent in young women. They usually appear on the soft palate but can also develop at the junction of the hard and soft palate and rarely on the hard palate.^[2,3]

Fellatio-associated oral lesions are under-reported given the recent increased acceptability of oral sex. These lesions are often asymptomatic and usually go unnoticed by the affected individual. Hence, they are seldom brought to the attention of a physician or a dentist.

The pathogenesis of fellatio-associated palatal hemorrhagic lesions is multifactorial. Direct and forceful contact of the distal penis against the palate may result in mucosal injury with rupture of submucosal vessels and hemorrhage, or it may be secondary to an intense reflex palato-pharyngeal spasm brought on during fellatio. The concurrent negative pressure created through irrumation has a major contributory role in the mechanism of injury. Occasionally these lesions may be associated with secondary candidal infections.^[2,4]

On most occasions, the diagnosis can be established through history and clinical examination. However, the clinical presentation of fellatio-associated traumatic injuries varies significantly and they must be differentiated from other hemorrhagic lesions on the palate. Hemorrhagic lesions on the palate that are persistent with expanding margins, or are multiple may require further evaluation. Table 1 gives the differential diagnoses for palatal hemorrhagic lesions, showing both the generalized and localized causes.^[2,5,6] If a diagnosis of trauma cannot be established, additional evaluation like complete blood investigation to check for blood dyscrasias, serologic studies and cultures to confirm viral and bacterial infections and radiography to rule out tumors and maxillofacial fractures may be performed. Biopsy is rarely required for histopathological confirmation of diagnosis.

Table 1: Palatal hemorrhagic lesions

Generalized
Disseminated intravascular coagulation
Hemophilia
Idiopathic thrombocytopenia purpura
Leukemia
Capillary fragility
Infectious mononucleosis
Measles
Dengue viral infection
Anticoagulant therapy
Aspirin
Antithrombotic therapy
Hereditary hemorrhagic telangiectasia
Vitamin C deficiency
Localized
Streptococcal infections
Upper respiratory infections
Playing a wind instrument
Injuries caused by violent coughing, sneezing, vomiting
Suction
Fractures involving the maxillofacial area
Blunt trauma
Chemical ingestion
Fellatio
Intubation for general anesthesia
Nasogastric tube insertion and feedings
Piercing and penetrating trauma
Thermal injury
Tumors

Fellatio-associated hemorrhagic lesions resolve spontaneously and treatment is usually not necessary.

In conclusion, fellatio-associated palatal ecchymoses occur usually in young women. They are asymptomatic and often the patient does not discover the lesion until several hours or days following the causative event. These lesions are generally straightforward to diagnose and hence easy to manage by elimination of the causative factor. Evaluation of patients for sexually transmitted diseases should be considered in appropriate situations.

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