

Unusual Genital Conditions Among Male Expatriates In Qatar

P.M. ABDUL GAFFOOR, BSc, MBBS, DDV, FAMS
DOHA, QATAR.

*From: The Department of Dermatology and Venereology
Hamad Medical Corporation, Doha, Qatar.*

SUMMARY

Six hundred male expatriate patients attending the Dermatology Clinic at the Department of Dermatology and Venereology, Hamad Medical Corporation, Doha, Qatar who were seeking treatment for various genital conditions were evaluated. Out of these, 79 patients had unusual conditions associated with STD and 58 had unusual conditions due to non STD conditions. These findings are discussed in this study.

Introduction

Any lesion on the genitalia is alarming to the patient who may seek immediate attention. Many patients may relate a genital lesion to a sexually transmitted disease (STD) even they have not had any recent sexual encounter.

Patients and Results

Of the six hundred male expatriate patients seeking treatment for various genital conditions examined, 79 patients had unusual conditions associated with STD and 58 had unusual conditions due to non STD conditions. These findings are summarized in the following figures: Fig. 1 illustrates the unusual gonococcal conditions, Fig. 2 illustrates the unusual syphilitic conditions, Fig. 3 illustrates the miscellaneous STD. findings, Fig. 4

illustrates the non STD. cases, and Fig. 5 illustrates the incidence of unusual STD and other conditions.

Discussion

Many of the patients with STD contracted the disease during their holiday tirps. Many had multiple sexual exposures with casual partners without any protection. Some had oral sex which quite often caused genital trauma. The prophylactic use of self prescribed antibiotics were seen among these patients. Fixed drug eruptions from the self prescribed medications have resulted in genital ulceration in some of these patients.

Even though Neisseria gonorrhoea shows predilection for columnar epithelium, sometimes it can cause infection of other sites causing abscess, balanitis¹ and epididymitis (Fig 1). Even though gonococcal tysonitis is a rare entity,² few cases were seen among these patients with enlarged Tyson's glands either unilaterally or bilaterally. Gonococcal urethral discharge can irritate the glans penis.³ Gonococcal balanitis was seen in patients with recurrent gonococcal urethritis. Such a repeated urethritis may result in hypopigmentation of the glans penis.⁴

Syphilis is a great imitator and may present with different signs and symptoms, depending

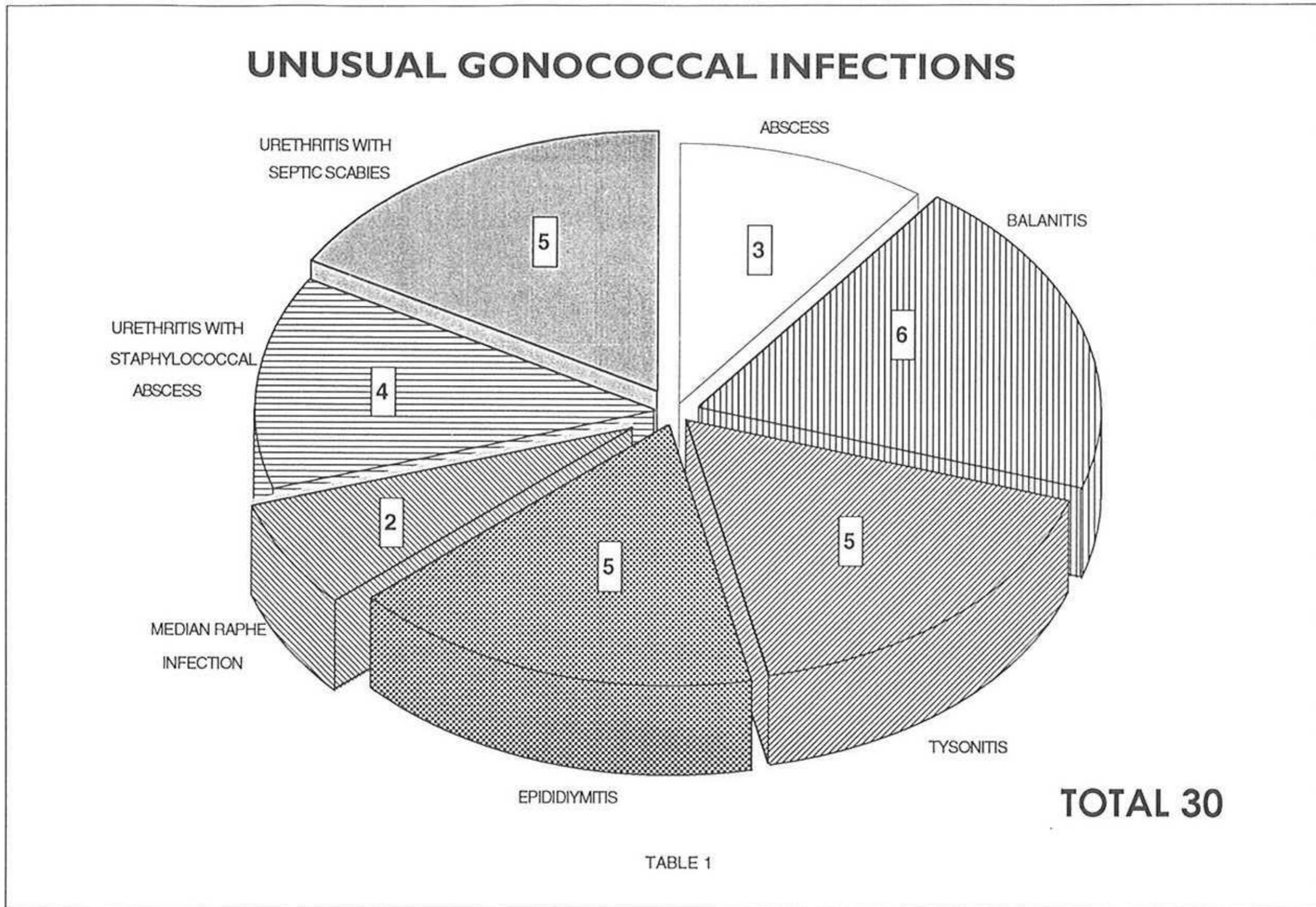


Fig. 1: Illustrates the unusual gonococcal conditions.

on the state of the disease. Even though the classical "moth eaten alopecia" were seen among these patients, many presented with normal alopecia areata. Pain in secondary syphilis is not an important feature to seek attention. However, some of these patients attended the clinic because of "aching pain" in the limbs (Fig. 2). The aching pain is due to the periosteitis or osteitis.

Genital and extra genital chancroids were seen in one patient. The extra genital lesion on the face probably due to autoinoculation from the genitalia through the hand.

Many non-STD conditions were found in this study (Fig. 4). Fixed drug eruptions contributed to lesions on the genitalia in quite a number of patients. The lesions started with itching followed by redness and vesicle

formation resulting in erosions and ulcerations. These eruptions were mainly due to oral cotrimazole. The lesions were seen mainly on the glands penis. The consort contact dermatitis contracted from the female partners were also seen. Vaginal pessaries, condoms, genital hygiene products, cosmetics, and lubricants can cause consort dermatitis by transmitting allergens to sexual partner.

In conclusion, a genital disease can present with an abnormal clinical presentation because of several factors. Conditions such as congenital genital abnormalities, long prepuce, type and duration of sexual practice, multiple casual sex partners and prophylactic antibiotic misuse may contribute for an unusual clinical picture of a genital disease.

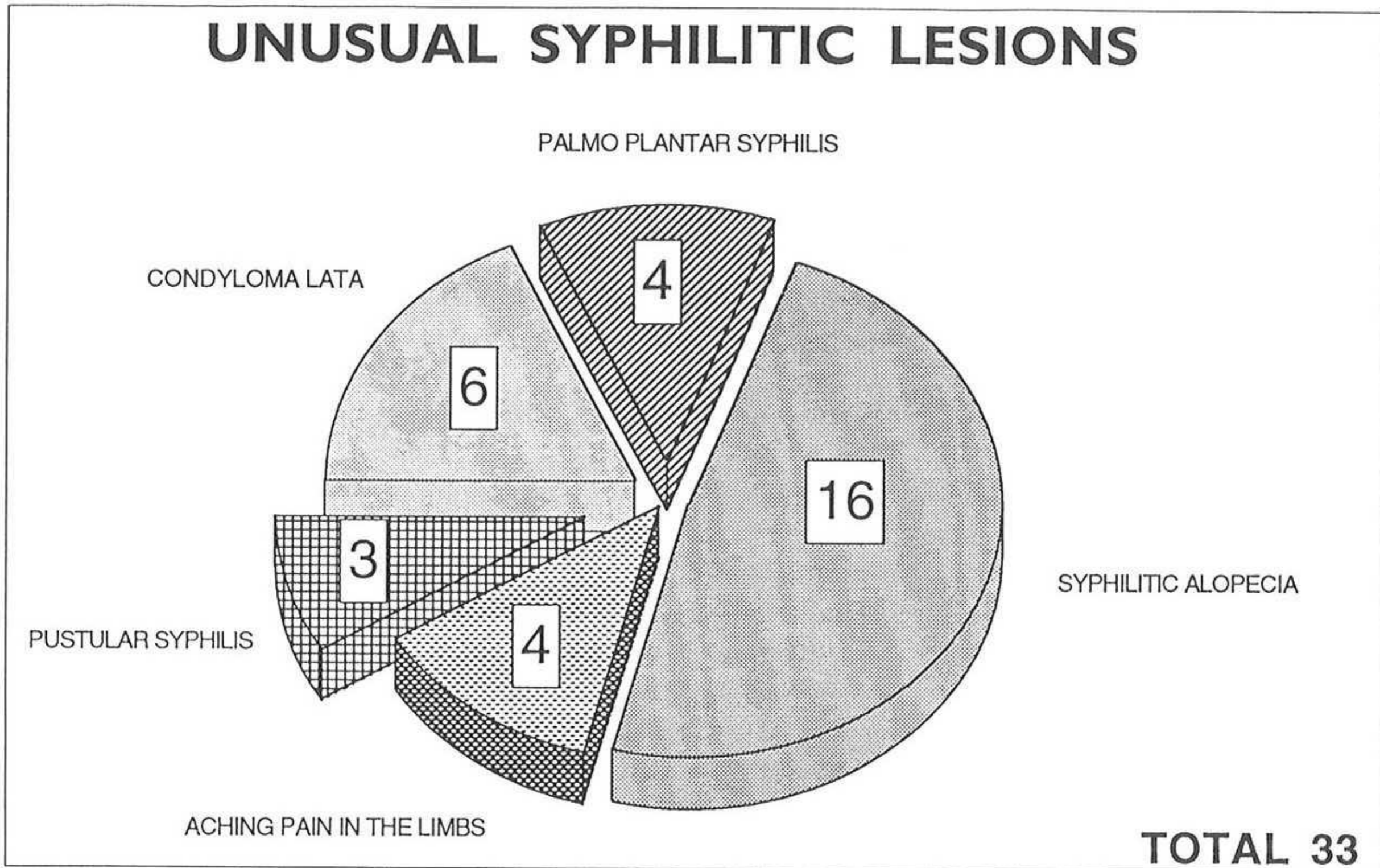


Fig. 2: Illustrates the unusual syphilitic conditions.

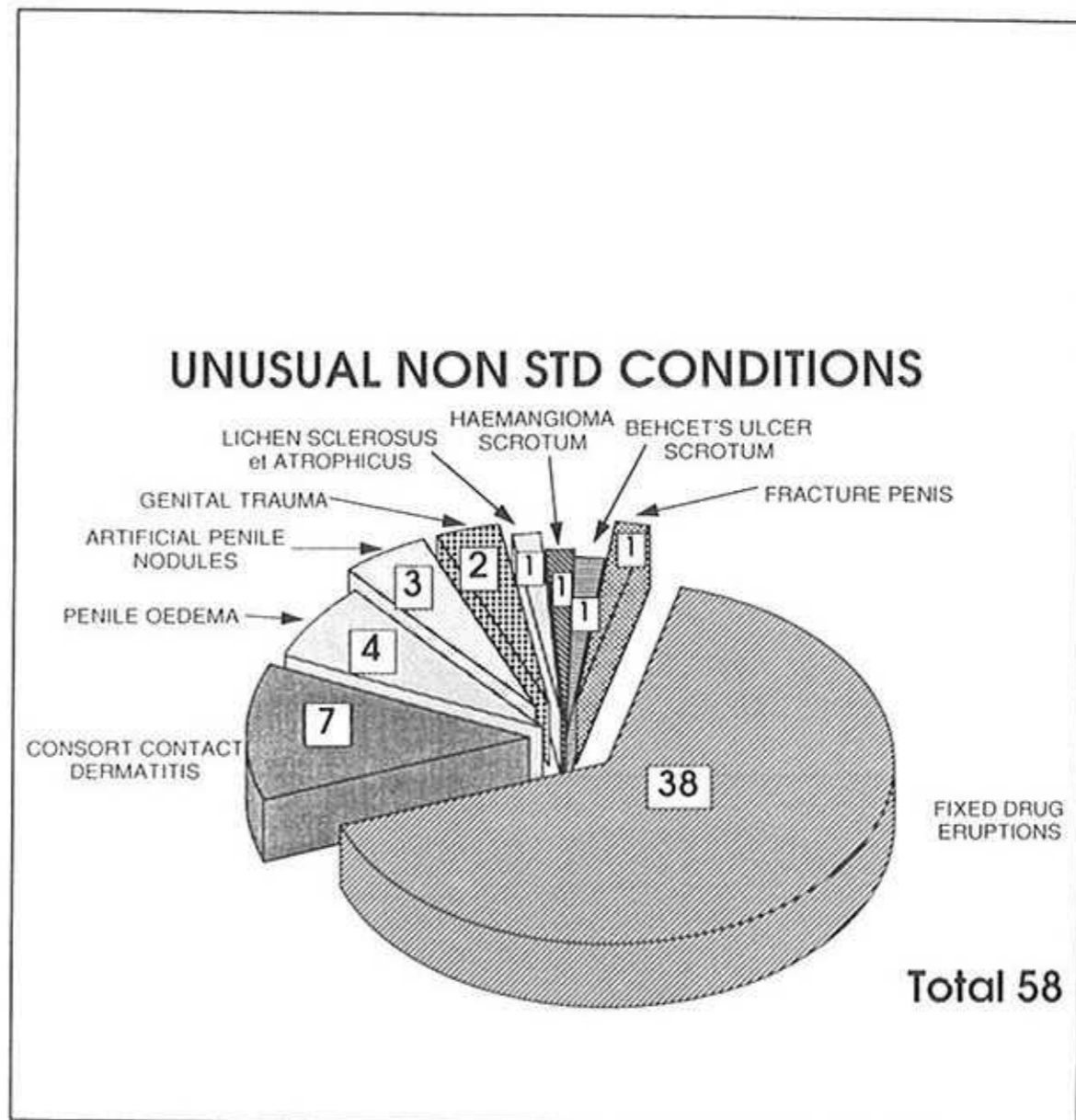
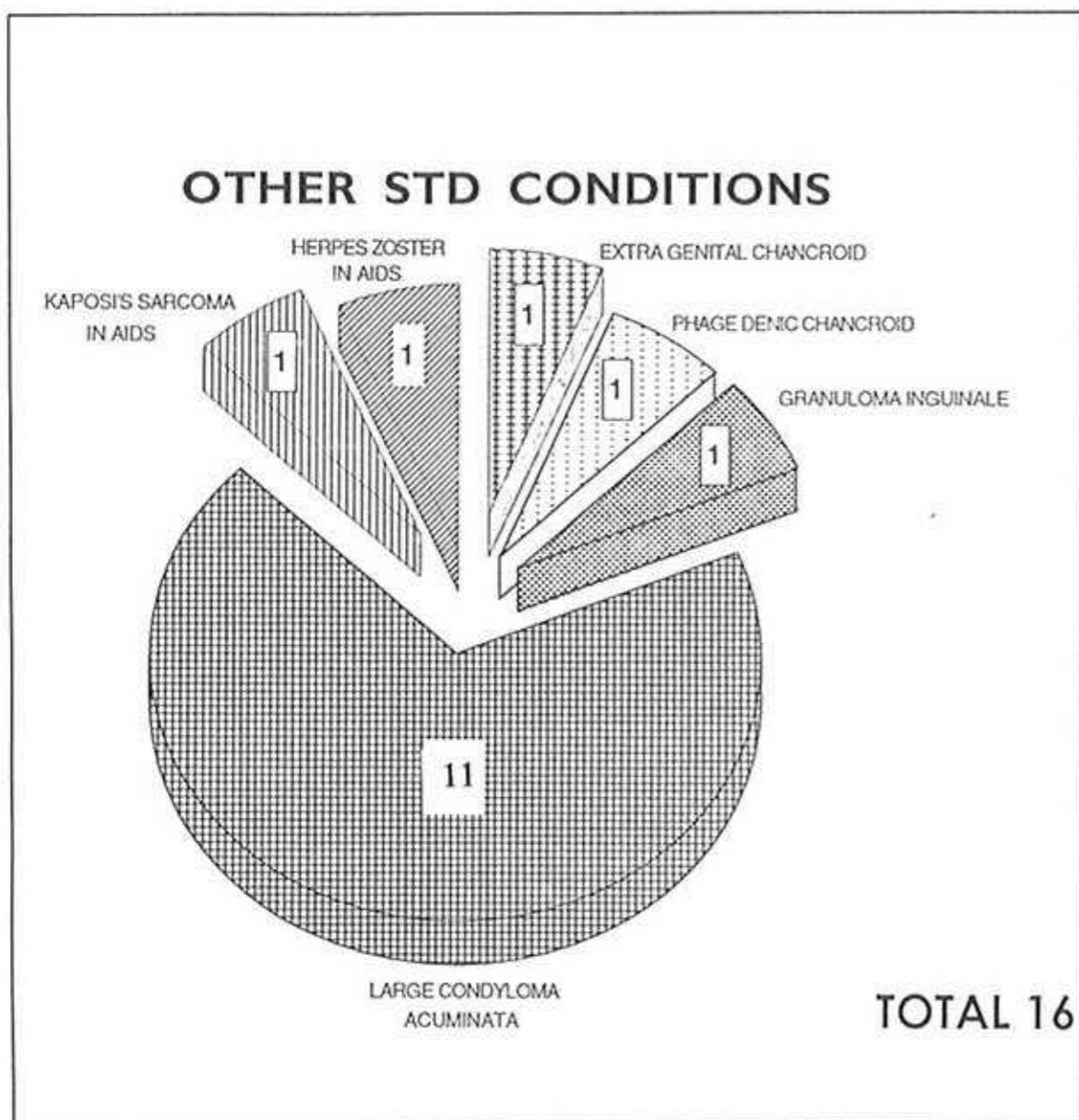


Fig. 3: Illustrates the miscellaneous STD conditions. Fig. 4: Illustrates the non STD conditions.

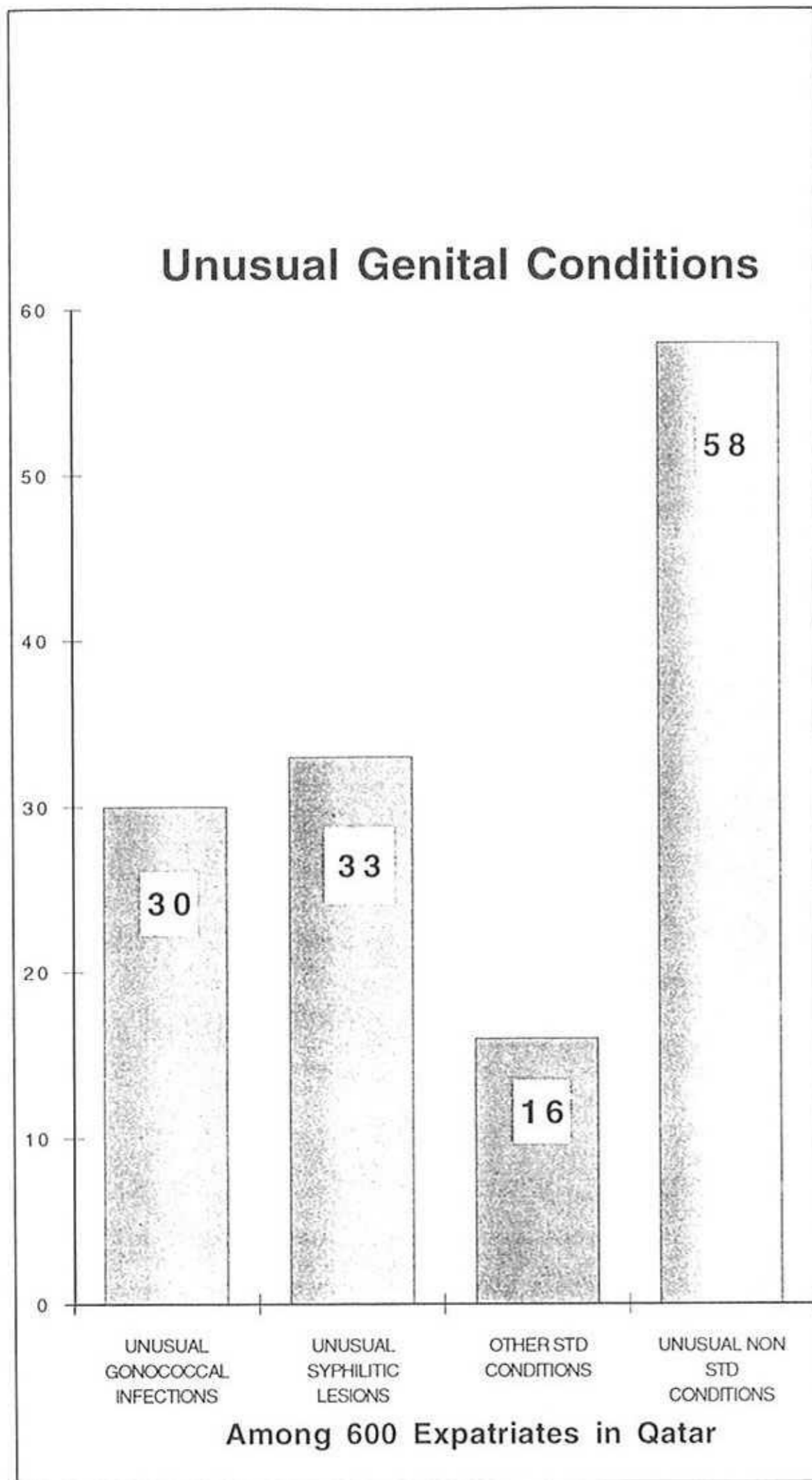


Fig. 5: Illustrates the incidence of unusual STD and other conditions.

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Correspondence:

Dr. P. M. Abdul Gaffoor
 Department of Dermatology & Venereology
 Hamad Medical Corporation
 P.O.Box 3050
 Doha, Qatar.