Discrete lumps or bumps in the genital region may be due to normal anatomical findings, or may be due to a small number of sexually transmissible infections. Unusual lesions, including pigmented lesions, should be referred for a specialist opinion before any treatment occurs.

Patient complains of genital skin lump(s) / bump(s)

Examination
Note the appearance and location of lesions – together with the history, this is usually sufficient to make a diagnosis.

Normal anatomical variants
Males
- Pearly penile papules (coronal papillae), Fordyce glands
Females
- Vestibular papillomatosis, Fordyce glands

Genital warts
Exophytic skin lesions that vary in size/shape and number.
Males
- Typically at leading edge of prepuce, on frenulum, or more sporadically in coronal sulcus, on penile shaft. Less frequently on scrotum or in pubic area or perianal.
Females
- Usually vulval (often posteriorly), perineal, or perianal.
Note: Lesions resembling warts and arising in warm moist mucosal sites (e.g. inner labial, anal) – exclude syphilis (Condylomata lata).

Molluscum contagiosum
- Small dome-shaped lesions with waxy colour, and with central umbilication. If large they can assume a more nodular or fleshy appearance.
- Usually pubic, penile, or vulval location.

Scabies nodules
- History of recent/current scabies.
- ‘Nodular’ lesions more common in males. Usual location: glans penis, shaft or scrotum.
- Typically: 2-10 mm reddish papulonodular lesions; very itchy.

Management
- Reassure patient that the lesions are normal
- Offer opportunistic STI screen (see Sexual Health Check guideline www.nzshs.org/guidelines)
- If unsure of findings, get a second opinion

Genital warts
Management
- Treatment options – see Genital Warts guideline www.nzshs.org/guidelines.
- Pigmented or atypical lesions – refer to sexual health specialist.
- Offer STI screen (see Sexual Health Check guideline www.nzshs.org/guidelines)

Molluscum contagiosum
Management
- Will resolve without treatment, but may take many months.
- Treat with cryotherapy.
- Offer STI screen (see Sexual Health Check guideline www.nzshs.org/guidelines)

Scabies nodules
Management
- Check syphilis serology.
- Treat patient with permethrin 5% lotion.
- Nodules are slow to resolve – use topical corticosteroid to control itch.
- Refer to sexual health specialist if unsure of diagnosis or lesions non-responsive to topical treatment.
- Offer STI screen (see Sexual Health Check guideline www.nzshs.org/guidelines)