

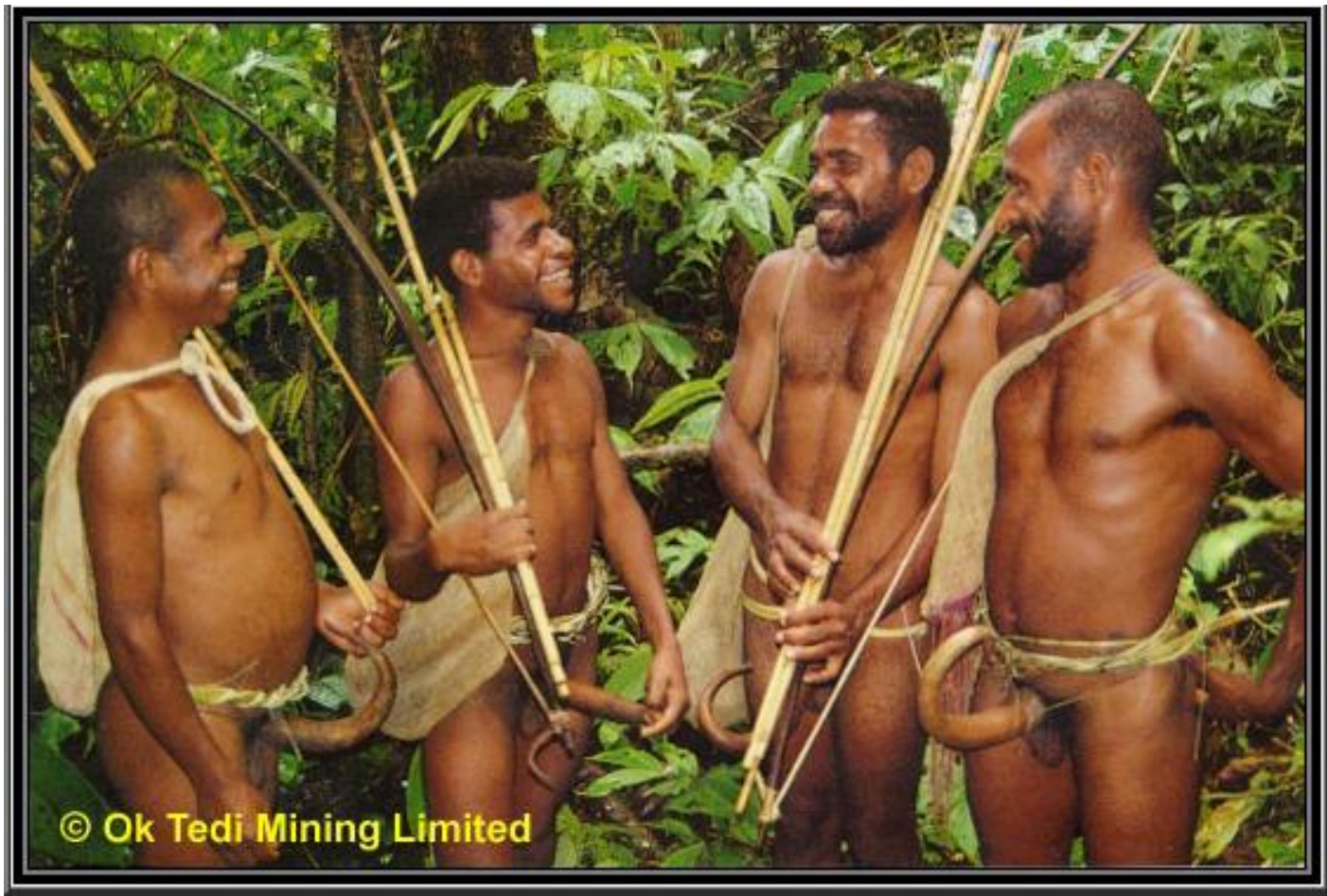
MALE GENITAL DERMATOLOGY

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Male Genital Dermatoses



Expert consultation group



Principle messages

- Duration important
- Symptoms not a discriminating feature in genital dermatology
- Only a limited number of symptoms in adult anogenital region:
 - Itch
 - Pain

Principle messages

- Many patients assume their genital dermatosis is sexually acquired and infectious.
- Ironically, infective STDs can mimic all male genital dermatoses. They need to be excluded in assessment of any genital dermatosis.
- Juxtaposition of urinary, genital and alimentary systems. Disease in any of these systems can present as MGD's.

Principle messages

- Little formal study of MGD's.
 - Small groups. 20 would be a large study [L 3].
 - Natural course uncertain.
 - Treatment efficacy uncertain.
- Variety of conditions cause identical changes.
i.e. biopsy often necessary.
- But sensitivity and specificity of histology
unresearched

Common anatomical
variations
cause
alarm

Pearly penile papules



Sebaceous gland prominence



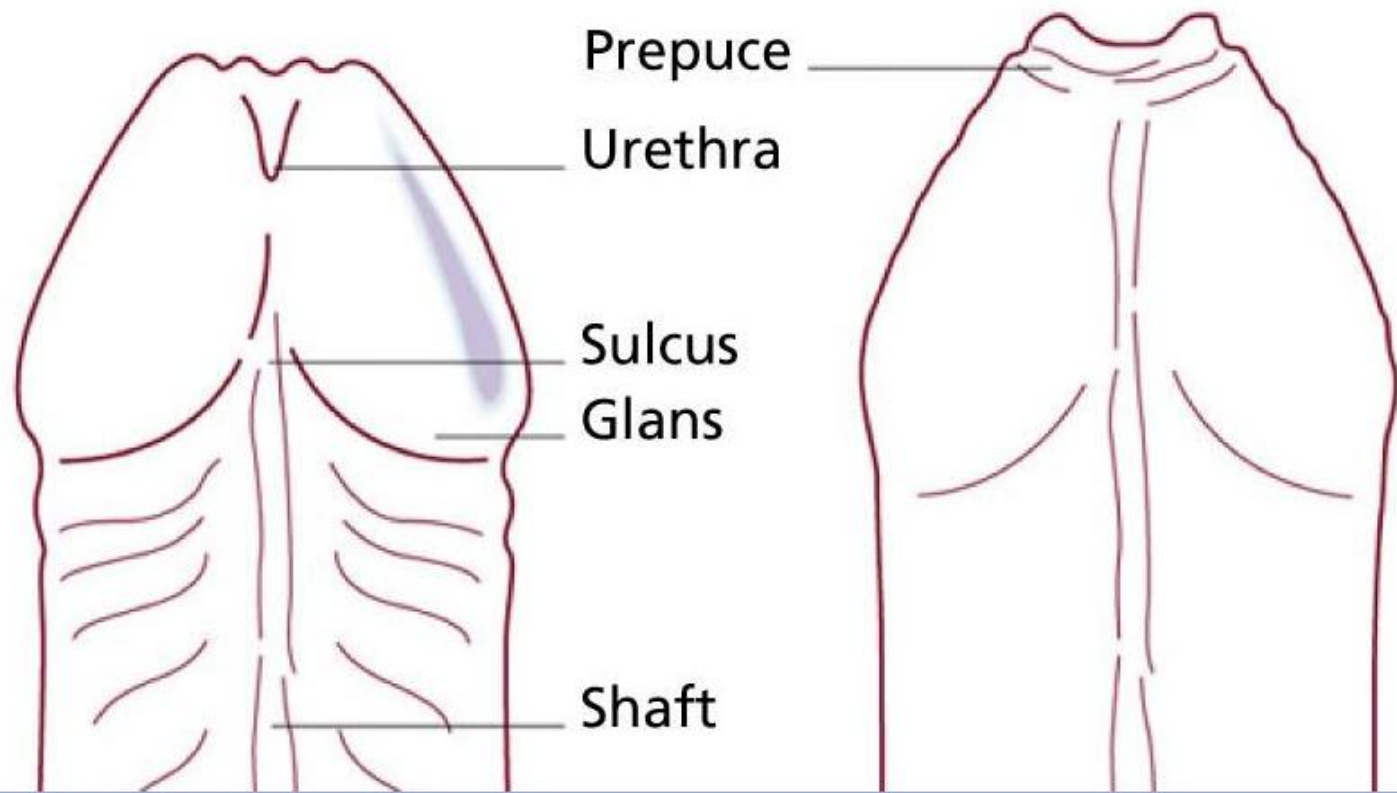
Angiokeratomas



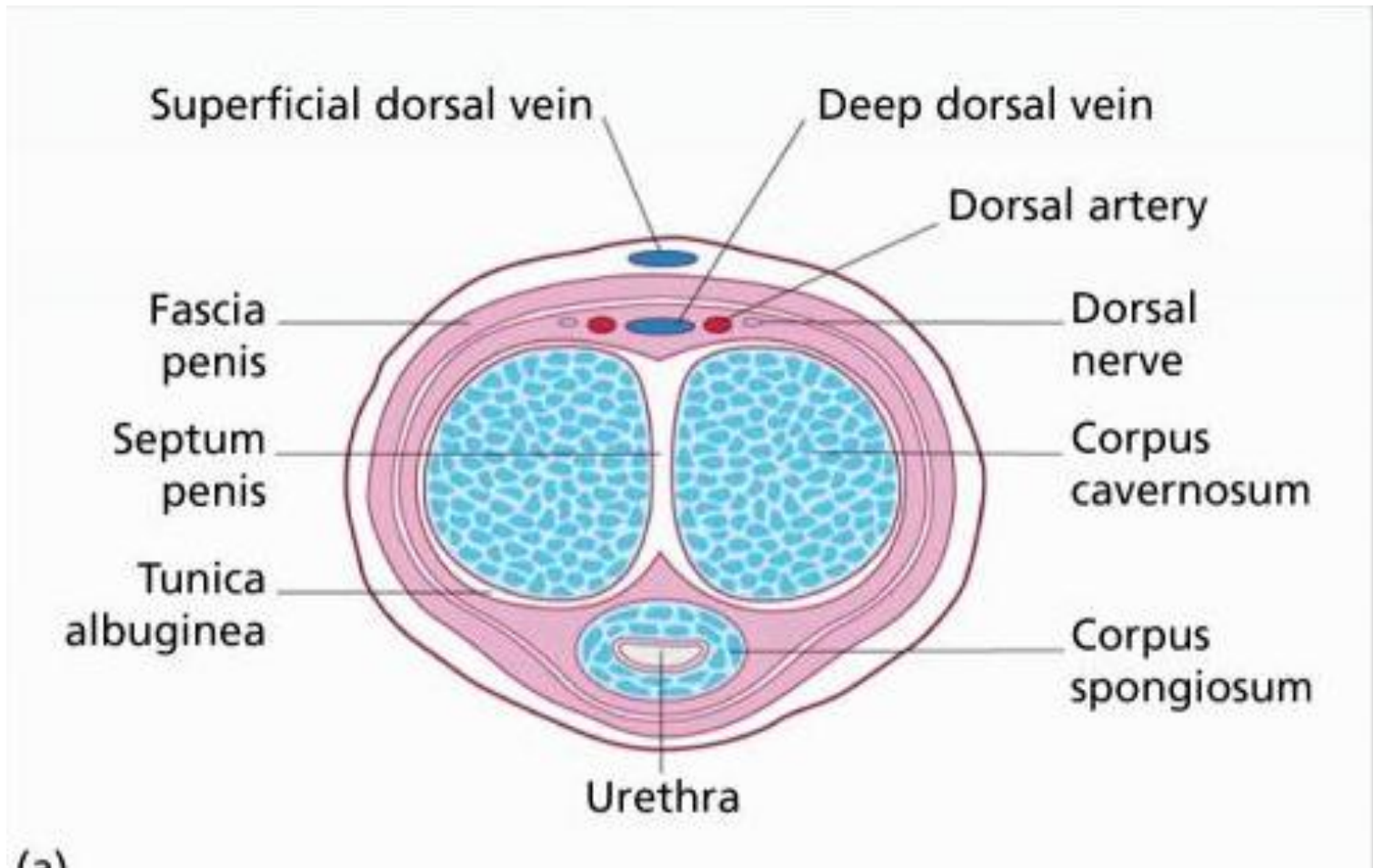
Scrotal Calcinosis



Names confusing



Penile anatomy



A word about Candida



Candida Penis

Candida



Common dermatoses can localise in genital area

- Atopic eczema
- Irritant contact dermatitis
- Allergic eczematous contact dermatitis
- Seborrheic dermatitis
- Recurrent herpes simplex
- Tinea

Basic management principles

- Explain. Reassure. Watch and learn.
- Treat area gently
 - Liquid soap
 - Shower gels less irritating than bar soaps
 - Skin repair agents
 - Cetaphil Restoraderm
 - TriXera moisturising lotion

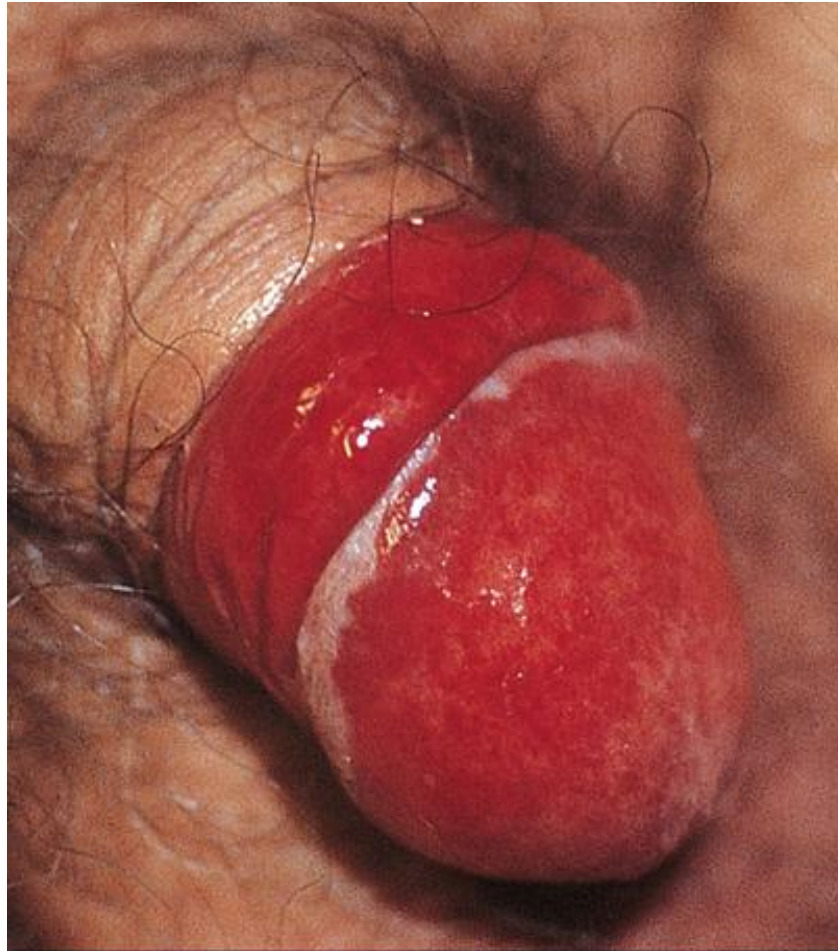
Basic management principles

- Healing times
 - When rash gone, still 3 weeks of treatment before histologically clear i.e. often about 6 weeks of treatment needed to suppress an inflammatory dermatosis
 - Once gone, epidermis takes 6 to 12 weeks to recover.

Common 'specific' inflammatory Male Genital Dermatoses

- Lichen Sclerosis. i.e. Lichen sclerosis et atrophicus, Balanitis xerotica obilaterans
- Lichen Planus
- Zoon's Plasma Cell Balanitis
- Non specific balanoposthitis

Balanoposthitis



Lichen sclerosus



Lichen sclerosis



Atrophy in Lichen Sclerosus



Lichen Planus



Lichen planus



Zoon's plasma cell balanitis



Nonspecific balanoposthitis



Malignancy in Male Genital Dermatoses

- Area of uncertainty and assertion
- How premalignant are conditions like LS and LP?
- How often is in situ squamous cell carcinoma invasive?
- Role of HPV oncogenes
- Is infectivity real?

Bowenoid papulosis



Bowenoid papulosis



Intraepithelial squamous cell ca



Early invasive SCC



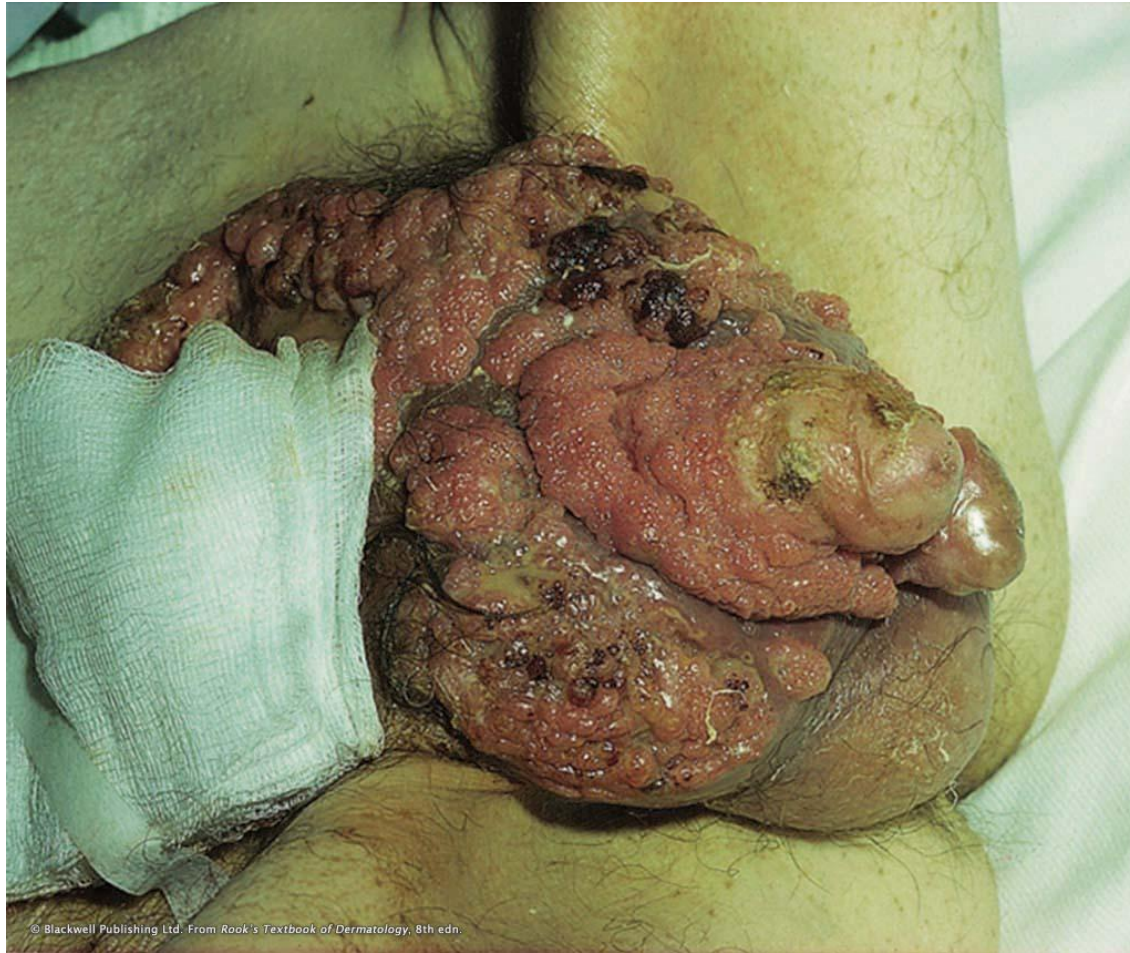
Invasive squamous cell carcinoma



Invasive SCC



Verrucous carcinoma



Extra mammary Paget's disease



Extramammary Paget's disease



Scrotodynia

- ‘burning balls’.
- Now seen as a chronic localised pain syndrome. Anodynia seen as similar.
- Penis may be affected
- Burning sensation. Worse on sitting or stair climbing. May be impossible to wear underwear.
- On examination everything looks normal.

Recurrent Herpes simplex



Tinea



Fixed Drug Eruption



Fixed Drug Eruption