

Tales from the Swamp

10 case studies

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service

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1. 60's, 4 month hx of red area on penis



- Female partner x many years, monogamous
- No hx of eczema, psoriasis or other skin symptoms or sign
- Otherwise well except for hypertension-- cilazapril, bendrofluazide, nicorandil- bit erratic as to what he took when
- Some discomfort when has sex – itchy and mild pain, waxed and waned

Fixed drug eruption – nicorandil

Diff dx: ca-in-situ



2. Women in her 80's,
hx of IBS, pruritis ani and atrophic vaginitis

3 week hx:

- burning around her anus
- more painful when she sat
- intermittent lower abd pain x 4-6 weeks
- stressed ++ as widowed svl months before and now moving house

OE – two small anal fissures, rest normal.

- Already on doxepin, to use emollients around anus
- Pelvic USS + AXR ordered

Dx: proctalgia /neuralgia

Month later:

- Pelvic USS = normal
- AXR = faecal loading although bowel movements normal for her; no urinary symptoms
- Bladder cytology also normal
- Now burning pain spread to around vagina as well as anus
- Feels swollen and tender to pressure over perineum
- Found transvaginal USS very uncomfortable

Ulceration on posterior fourchette and perineum



- Referred for gynae review and biopsy for ?malignancy
- Histo = inflammation, no malignancy

Niece in Holland had used “special cream” which had helped similar problem – not sure what....

Had already tried proctosedyl, Micreme H, ovestin, vaseline

So 4 months down the line, went back to basics.....

- Relieved and reassured no signs of cancer
- Vulva and perianal skin looked normal again

More detailed hx – asked her to tell me more details:

- burning worse when sitting or pressure on area
- not as bad standing but best lying flat
- wakes up fine, doesn't want to get out of bed 'cos knows burning will start
- sitting in cool bath helps
- wiping with loo paper makes it worse

OE normal vulva, neg cotton tip test, no hernia or vulval varicosities

Conclusion – after 6 months

Dx -pudendal nerve compression – cause ?

Persuaded to increase gabapentin dose up to 400mg/ day

Improving and now tolerable ...but not fully resolved

Retrospect:

- ulceration of vulva = iatrogenic ie caused by transvaginal USS probe insertion on background of atrophic vagina
- original dx of neurogenic pain was probably correct

3. Young man, in his 20s

- **Txt** by a casual partner to say “may want to see your doc for tests”
- No particular symptoms
- On questioning had noticed a small red, healing area on shaft of penis
- Not painful, not much to see

Non-specific looking, scaly patch



- Syphilis serology = positive
- HIV, Hep B+C, Chlamydia and gonorrhoea all negative
- Surprised to be told has infectious syphilis

Treated with long acting penicillin (Bicillin LA = benzathine penicillin 2.4mu IMI) + follow up

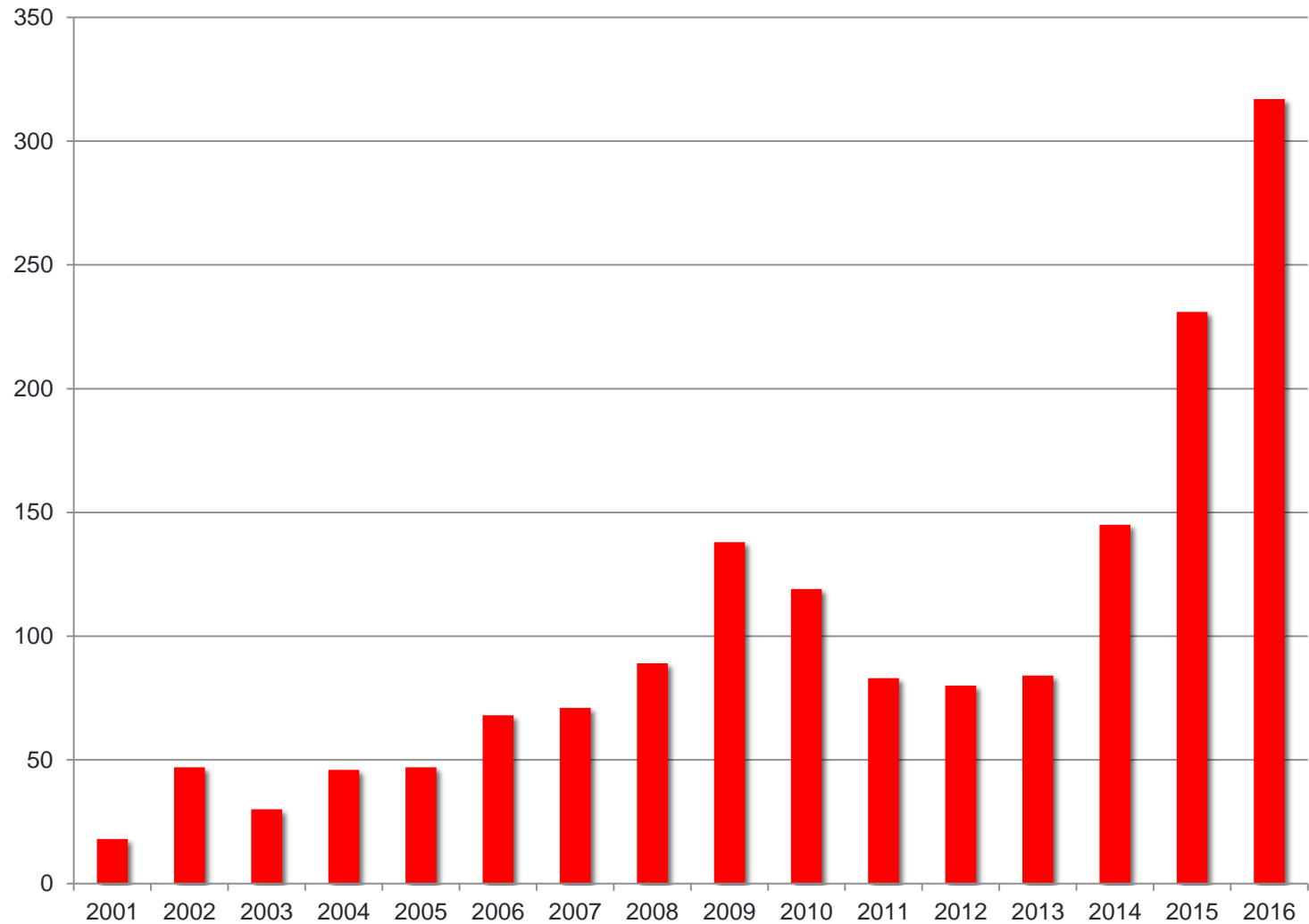
Punched-out oval, raised edges



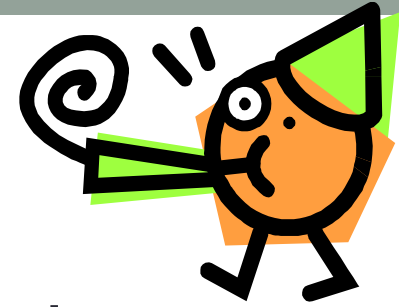
Syphilitic chancres – dramatic to subtle



Number of syphilis cases in NZ



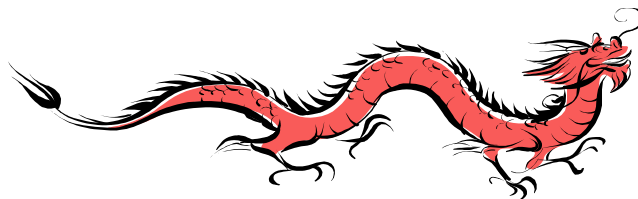
Syphilis = Great mimic



- Different stages = different presentations
- Can involve just about every system in the body.
- Easily missed, difficult to diagnose - need to do the right tests.

Presentations of syphilis:

- Painless ulcer (macular-papular-ulcer=**chancre**)
- Gnl lymphadenopathy
- Rash – wide variety, rose pink, hands/feet
- Arthritis, bursitis, osteitis
- Hepatitis, nephrotic syndrome, ant. uveitis
- Neuro: arterial thrombosis (strokes in young people), cranial nerve palsies, transverse myelitis.



Contrast to: Penile psoriasis



Psoriasis.

- Male and female
- From toddlers (psoriatic nappy rash) to any age
- Genital area may be **only** site
- Check rest of the skin, particularly buttock cleft
- Often very **itchy**
- Bright, red, clearly demarcated of any shape or size
- Seldom scaly (friction gets rid of scale)
- Women –vulva – often **symmetrical**
- Men – scrotum, glans or shaft
- Plaques may fissure and bleed.
- Treat with steroids – moderately potent and individualise.

Guttate Psoriasis



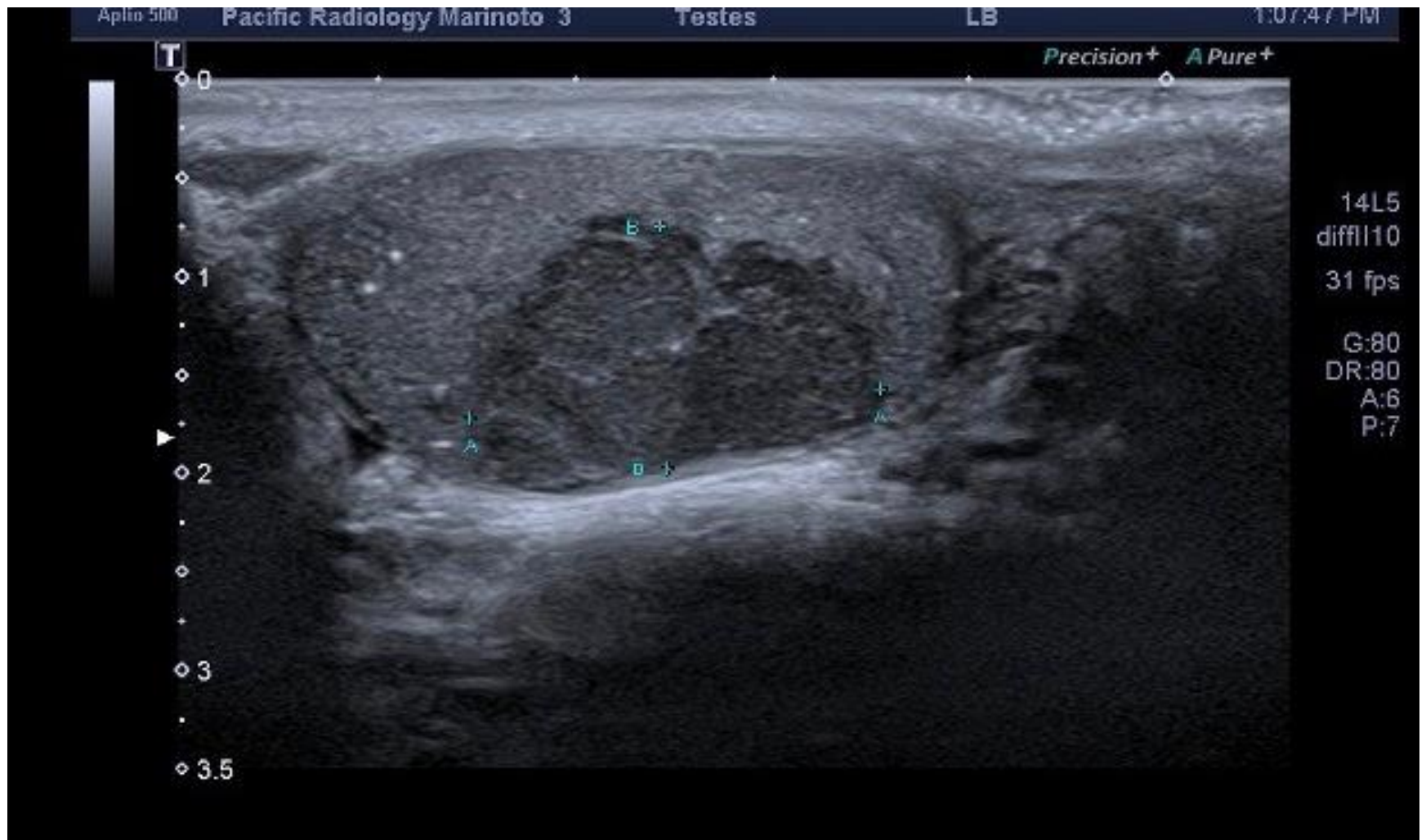
4. Young tradesman, painful testis

- Hx: 3 weeks before of pain in groin after a dog jumped up at him – this resolved

Week before, lifting heavy load at work ++ pain in L groin and testis

- Went to ED early hours of Sun morning, told to see GP on Monday
- Difficult to examine as pain ++
- Bloods, STI tests done (although long term monogamous relationship)
- Sent for USS under ACC as met criteria for acute inguinal hernia

L Testis



- Dx: Cancer testis - probable seminoma, occupying most of testis
- Very vascular ?? Cause of pain
- CT staging scan next day (paid for it privately) – no spread
- Saw Urology within a week and surgery planned for next 1-2 weeks.

Learning point:

Most testicular cancers are NOT painful – only 1 in 5 testicular cancers have pain as a symptom

5. 70 year old lady, “itchy vagina”

- x svt months
- Patient thought she may have thrush
- Worse at night
- Scratching ‘til she bleeds
- Reluctant to be examined – “just want some cream”
- Need to look.....

Lichen sclerosus



Lichen sclerosis- scarring



Lichen sclerosus

- Two peaks – prepubertal and post-menopausal
- Itch = commonest presenting symptom (post-menopausal itch is NOT likely to be Candida)
- Auto-immune – so check thyroid and autoantibodies.
- Triggers: trauma, low oestrogen, genetics eg HLA D2 Ag.
- Examination: white plaques, loss of genital architecture, evidence of excoriation, cracks, splits, scarring
- Treat high potency steroids daily x 12 weeks (eg Dermol), then twice a week- deal with steroid phobia
- Monitor 3/12 until settled, then 6/12- do an action plan for patient
- 3-5% chance of malignant change (SCC) – due to chronic irritation

Fissures and cracks of LS



6. 15 year old girl

- 1 week hx of painful blistering ulcers both sides of vulva
- Painful to urinate
- Never been sexually active
- Fatigued and generally unwell
- Looked like herpes but hx didn't fit and swab was negative

Sutton's ulcers

- One of the group of non sexually acquired genital ulcerative conditions – excellent summary on Dermnet
- Others include Crohn's and Behcet's
- Thought to be auto-immune but can follow infections eg Viral URTIs, EBV, tonsillitis.
- Usually resolve on their own in 1-2 weeks
- Occasionally recur
- Treat symptomatically; topical or oral prednisone if severe,
- Lots of reassurance

Non sexually acquired ulcers – Dermnet.



Crohn's.

- Can occur anywhere from mouth to perineum
- May occur on vulva as metastatic spread

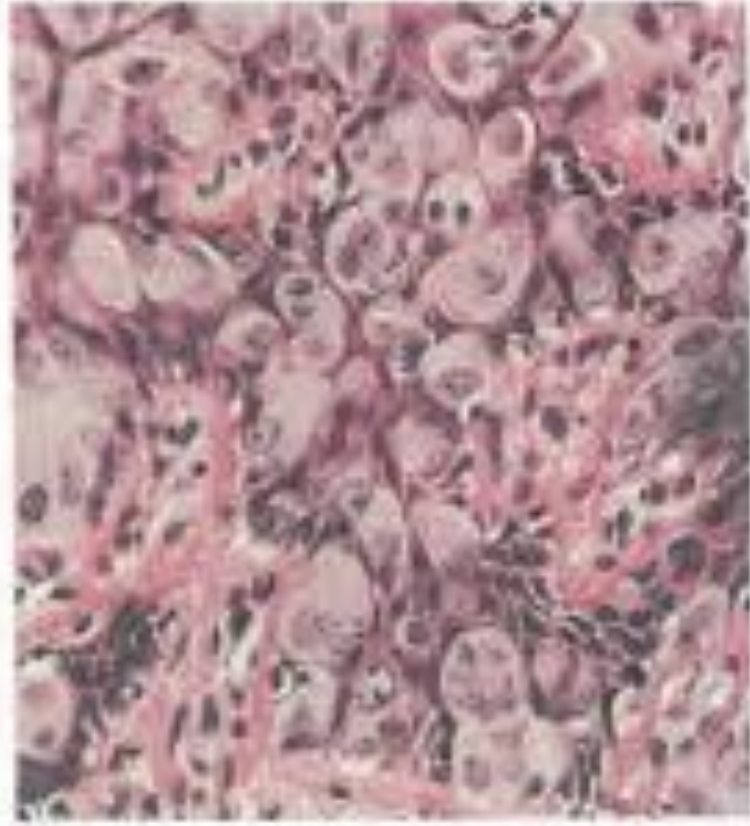
Or direct extension from GIT

- 25% of Crohn's patients, have gynae involvement
- 35% of Crohn's patients, get vulval disease before GIT
- Often **unilateral** involvement of vulva
- Can occur on vulva even if GIT disease is well controlled
- Painful with knife-like cuts and fissuring

Crohn's

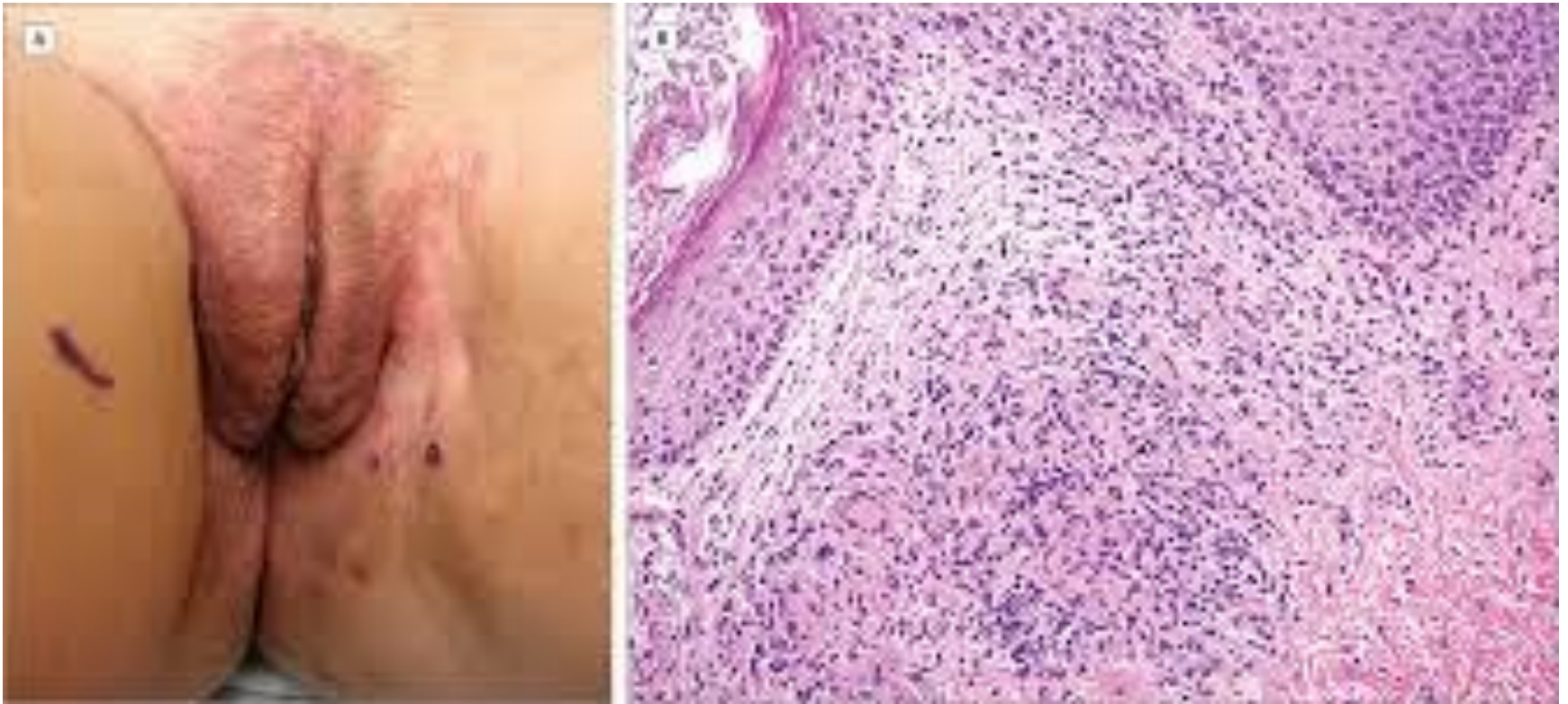


A



B

Crohn's disease



7. 40 year old

- New naevus seen on labia when doing routine smear
- Monitor – take a pic with ruler next to it for size and review 3/23
- Or remove with punch or elliptical biopsy
- Always tell the patient if you see a naevus even if looks benign and document

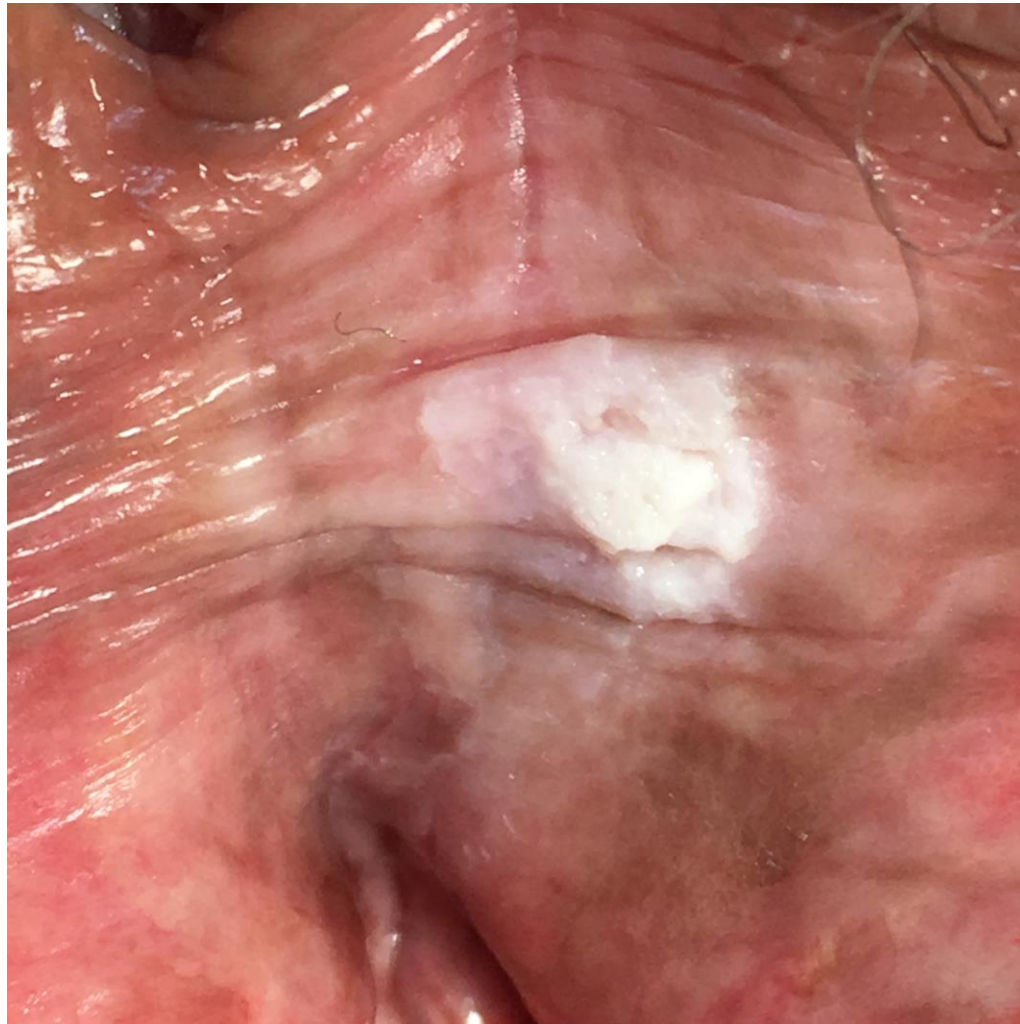
Pigmented naevus—histology = benign



Cancer of the vulva

- Nearly as common as ca cx
- Not as closely linked to HPV as ca cx
- Vulva intraepithelial neoplasm (VIN)
- Sq Cell carcinoma = 80%
- Melanoma – 5% (50% 5 yr survival)
- Adenocarcinoma (Pagets and Bartholins) – 3%
- BCC 2%
- Sarcomas 1-2%
- Mets from endometrium, ovary, colon, cx.
- If looks odd – punch biopsy or excision biopsy, gynae oncology referral, 3/12 GP review for 2 yrs, then 6/12.

9. 50's, found when doing routine smear



- About to have a joint replacement so taking care of routine health maintenance – smear, dentist, mammogram...
- Only thing she had noticed was bit of loo paper that kept getting stuck to vulva
- Thickened white area, left labia, 1x1cm, not painful
- Referred to gynaes for colpo and biopsy
- Histo = Vulval intraepithelial neoplasia (VIN 3 high grade)
- Removed under GA, histology confirmed
- 2 months later – had joint replacement

SCC vulva



8. 20's, intermittent itchy rash on penis



Balanitis.

- Common particularly in younger age men
- **Causes:** --infective (Candida, herpes)
 - irritation (poor hygiene and smegma accumulation)
 - chemical (excessive washing or irritants)
 - mechanical (bike riding, masturbation, sex)
 - underlying skin conditions (eczema, psoriasis)
- **Treatment** – most important = skin care advice
 - micreme H bd x 1 wk, Clomazol bd x 2-3 wks
 - review dx if not improving

Candidal balanitis



Penile cancer- older men

- Usually on glans and foreskin, occasionally on shaft
- Rare: 1% of all male cancers in developed world (10-20% in developing world)
- 95% = Sq cell cancers
- Risks factors: HPV, not circumcised, >60yrs, phimosis, HIV (4-8 fold increase), poor hygiene, tobacco (2-3 fold increase), UV treatment for psoriasis.
- Presents: painless lump or persistent red or ulcerated areas, bleeding, rash, persistent balanitis.
- Mx depends on type and stage.

Penile cancer SCC



Penile cancer



Melanoma



9. Man, 50's, multiple issues

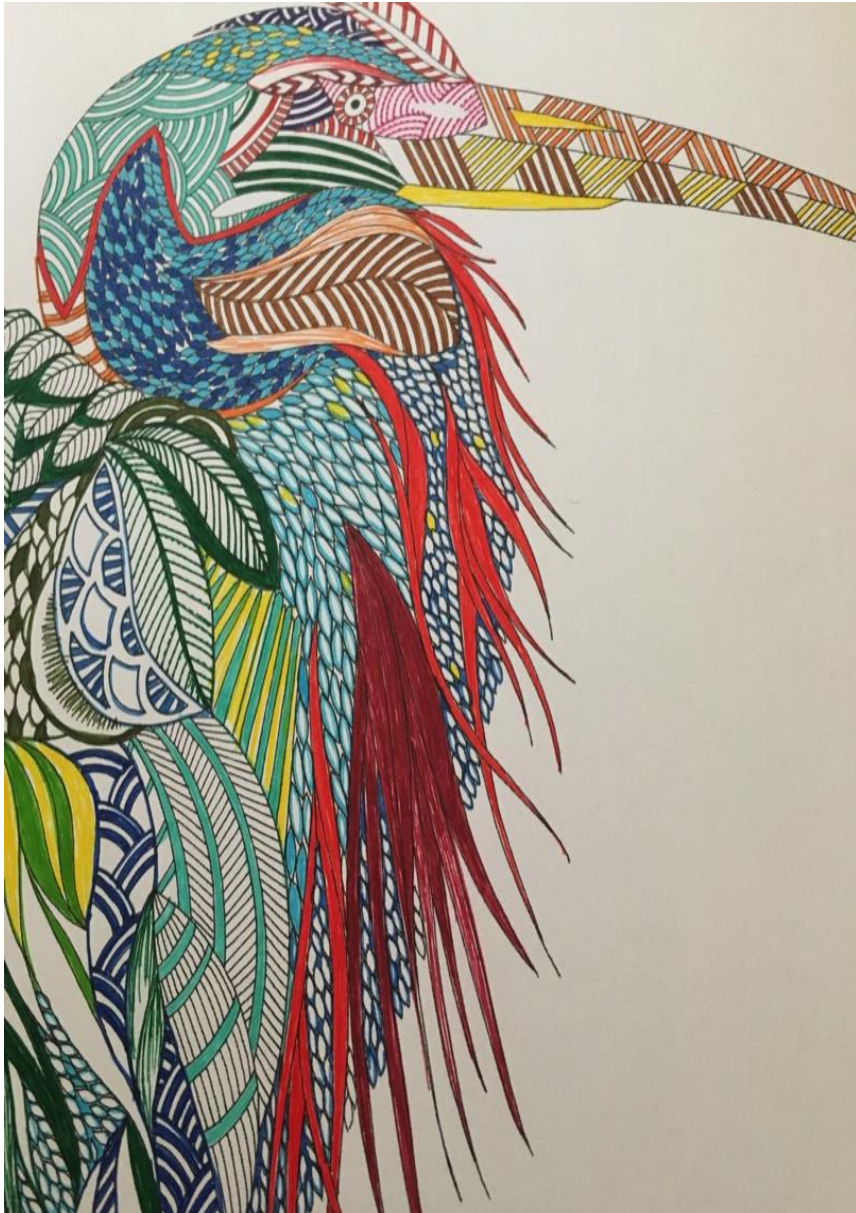
4th on his list was:

“by the way, my balls have been bright red for several months and they burn terribly”

On examination: bright red scrotum



- Intensely burning pain of scrotum
- Hyperalgesia of skin
- Skin surface intact
- **Red Scrotum syndrome**= a neurodermatitis
- Avoid steroids
- Treat with doxy (anti-inflammatory) and gabapentin



Thanks to my
patients and
colleagues

Comments and
questions