

# **A STUDY ON THE PREVALENCE AND PATTERNS OF NON-VENEREAL GENITAL DERMATOSES IN A TERTIARY CARE HOSPITAL**

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## **ABSTRACT:**

The non-venereal genital dermatoses have resemblance with sexually transmitted diseases. These non-venereal genital dermatoses are stressful to the patients especially if noticed after sexual intercourse. Hence the present study highlights on non-venereal genital dermatoses of both the sex. This case series study is done on 110 patients who presented to the Department of Dermatology, Venereology Leprosy, Vinayaka Missions Medical College, Karaikal, Pondicherry. Patients of both the sexes who presented to OPD from October 2021 to October 2022 with suspicion of genital dermatoses are taken into this study. The results showed that non-venereal genital dermatoses are more common in males compared to females with majority of cases between age 31-40 years. Thorough knowledge about classical morphological presentation and histopathological features is needed for correct diagnosis and treatment.

## **INTRODUCTION:**

A number of conditions like venereal or non-venereal or non-infective or tumours etc. can affect genitalia. These non-venereal genital dermatoses are stressful to the patients especially if noticed after sexual intercourse. The non-venereal genital dermatoses, are with resemblance similar to that of sexually transmitted diseases. The presentation of each type of dermatoses is unique in nature and each need separate discussion. The characteristics of dermatosis are varied on genitals, in some patients it may be confined to genitals and in some others it may occur at many sites. In male's perianal skin, distal penile shaft, natal cleft, prepuce and glans penis are hairless and in female's vulva which is again sub divided into mons pubis, labia majora, labia minora are hair less. These areas being hairless and also consists of abundant functional eccrine, non-functional apocrine sweat glands and holocrine sebaceous glands all these help in proper lubrication and moisture in that particular areas. More over sex hormones also play a role in regional differentiation of skin in that particular area. The characteristics are modified depending on the moisture in local environment. Vulval dermatoses may cause discomfort due to itch like sensation (LSA, eczema), it can be painful (example -Erosive LP, pemphigus), or sexual dysfunction (LSA), leading to stress for the patients and the partners also. Most of the dermatoses are non-infectious in nature if they occur in children sexual abuse can be suspected. In case of pre malignant conditions it is very important to recognise at the earlier stage. The genital dermatoses are difficult to diagnose and treat. There must be detailed history, complete dermatological examination, medical and

surgical management in most of the cases. Hence the present study highlights on non-venereal genital dermatoses of both the sex.

### AIM AND OBJECTIVES:

To study the common dermatological disease effecting genitalia and age and sex relationship with genital dermatoses.

### MATERIALS AND METHODS:

This case series study is done on 110 patients who presented to the Department of Dermatology, Venereology Leprosy, VMMC, Karaikal, Pondicherry. All patients of both the sexes who presented to OPD from October 2021 to October 2022 with suspicion of dermatoses are included in the study and detailed complete history, careful examination, relevant lab investigations were done to establish the final diagnosis.

### RESULTS:

**TABLE 1:** Age Distribution

<i>Age group inyears</i>	<i>Total number of patients</i>	<i>Percentage ofTotal</i>
0-10	5	4.54
11-20	9	8.18
21-30	30	27.27
31-40	46	41.81
41-50	15	13.63
51-60	5	4.54
61-70	0	0

**TABLE 2:**SexDistribution

<i>Sex</i>	<i>No.ofpatients</i>	<i>Percentage</i>
Male	87	79.09
Female	23	20.90
Total	110	100.00

**Patients with genital lesions were classified into four major groups namely:**

- 1-General cutaneous diseases
- 2-Infections and infestations
- 3-Tumors
- 4-Miscellaneous

**NON-VENEREAL GENITAL LESIONS**

**TABLE 3**

<b>DIGNOSIS</b>	<b>NO.OFPATIENTS</b>	<b>PERCENTAGE OF TOTAL</b>
<b>General cutaneous diseases</b>	<b>Total No. 49</b>	<b>44.54%</b>
Vitiligo	18	16.36
Lichen planus	9	8.18
Psoriasis	7	6.36
Lichen sclerosis atrophicus	3	2.72
Bullous disorders	4	3.63
Dermatitis	4	3.63
Drugs	2	1.81
Plasmacell balanitis	1	0.90
Lichen nitidus	1	0.90
<b>Infections and infestations</b>	<b>Total No. 35</b>	<b>Percentage of total 31.8%</b>
Parasitic infections	15	13.63
Fungal	13	11.81
Bacterial	4	3.63
Viral	2	1.81
Filarial	1	0.90
<b>Tumors</b>	<b>Total No. 14</b>	<b>Percentage of total 12.72%</b>
Benign	11	10
Premalignant & malignant	3	2.72
<b>Miscellaneous</b>	<b>Total No. of Patients = 12</b>	<b>Percentage of total 10.9%</b>
Fixed drug eruption	3	2.72
Balanoposthitis	4	3.63
Paraphimosis	3	2.72
Fox-Fordyce	1	0.90
Mordor's disease	1	0.90
<b>Total</b>	<b>110</b>	<b>100.00</b>

*Distribution of diagnosis in adults and children are given in Table 4.*

<i>Diagnosis</i>	<i>Adults Total- No &amp; % 61+11=96</i>		<i>Children Total - No &amp; % 5+9=14</i>		<i>Total</i>
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>	
Vitiligo	11	5	-	5	21
Lichen planus	7	2	-	-	9
Psoriasis	4	3	-	-	7
Scabies	9	1	7	-	17
Pemphigus vulgaris	4	-	-	-	4
Fungal infection	8	5	-	-	13
Sebaceous cyst	6	-	-	-	6
Toxic epidermal Necrolysis	2	-	-	-	2
Lichen Sclerosus et atrophicus	1	1	-	1	4
Balanoposthitis	4	-	-	-	4
Squamous cell carcinoma	2	-	-	-	2
Pearly penile papule	2	-	-	-	2
Eczema	1	1	1	-	3
Seborrheic dermatitis	1	-	-	-	1
Molluscum contagiosum	-	-	1	-	1
Wart	1	-	-	-	1
Lymphangioma circumscriptum	1	-	-	-	1
Lichen nitidus	-	-	1	-	1
Neurofibroma	-	1	-	-	1
Cutaneous larva migrans	2	-	-	-	2
Plasmacell balanitis	1	-	-	-	1

Filariasis	1	-	-	-	1
Fournier's gangrene	1	-	-	-	1
Paraphimosis	1	-	-	-	1
Mondor's disease	1	-	-	-	1
Folliculitis	1	-	-	-	1
Calcinosis cutis	1	-	-	-	1
FoxFordyce	-	1	-	-	1
Erythroplasia of Queyrat	1	-	-	-	1
Hidradenitis suppurativa	1	-	-	-	1
Hansen's disease	1	-	-	-	1
Fixed drug eruption	2	-	-	-	2

## DISCUSSION:

In our study most common age group affected by non-venereal diseases is between 31-40 years accounting for 41.81% of the study population. This is in correlation to the study done by Thappa DM et al (1), where peak age of incidence was observed to be between 31-40 years accounting for 45% of the study population. In our study male: female ratio is 3.7:1 indicating male preponderance which correlates with the previous study 4.4:1. General cutaneous diseases accounts for (44.54%) of the study population which is followed by, infections and infestations (31.8%), tumours (12.72%), and Miscellaneous other conditions (10.9%), which correlates with the previous study showing following percentages, 42.37%, 39.22%, 9.64% and 8.74% respectively. This is in correlation with the previous study. The most common non-venereal disease is vitiligo affecting 18 patients accounting for 16.36% of the study population. This is correlation with the study done by Thappa et al (1). Among the infections and infestations, scabies is the most common condition which is in correlation to the study done by Thappa et al, (1) Parasitic infections are more common among the infections and infestations accounting for 13.63% of study population followed by fungal infections (11.81%), bacterial infections (3.63%), viral infections (1.81), filarial infections (0.90). Benign tumours are more common than malignant tumours accounting for 10% of the study population. The miscellaneous causes accounted for 10.9% of all study population.

**IMAGE 1** : Lichen sclerosus et atropicus



**IMAGE 2** : Cutaneous larva migrans



**IMAGE 3:** Tinea



**IMAGE 4 :** Erythrasma



**IMAGE 5 :** Fixed Drug Eruption



## CONCLUSION:

Non venereal genital dermatoses are more common in males compared to females with majority of cases between 31-40 years. They are less prevalent in age group < 10 years and age group >70 years. The most common sites of involvement in males is scrotum and in females is labia majora. Through knowledge about classical morphological presentation and histopathological features is needed for correct diagnosis and treatment.

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