APPROACH TO GENITAL SKIN LESIONS

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SGH KUCHING
- GENITAL SKIN LESIONS ARE COMMON
- SOME MAY BE NORMAL AND ACCEPTABLE
- SOME MAY BE PATHOLOGICAL
- GROSS IMPACT ON A PATIENTS QUALITY OF LIFE
  - SYMPTOMS EG ITCH / PAIN
  - IMPLICATIONS EG WORRIED ABOUT STIS/HIV AND AIDS
  - IF INFECTIOUS WHERE DID I GET IT FROM?
  - WORRIED SICK OR WORRIED WELL
  - UNABLE TO RELATE TO OTHERS

- HOW TO DIFFERENTIATE NORM FROM PATHOLOGY
- GENITAL SKIN IS VERY THIN, SENSITIVE AND PRONE TO SKIN PROBLEMS IF NOT CARED FOR WELL
PRESENTATION

- RASH ON GROINS
- LESIONS ON GENITALS
  - EG. ULCER, DISCHARGE FROM URETHRA OR VAGINA, TUMOURS OR PRURITUS
- SYMPTOMS WITH OR WITHOUT RASH
  - ITCH, PAIN
**GENITAL SKIN LESIONS**

**INFECTIONS**
- Sexually transmitted Infections (STI)
- Non-STI
  - Fungal
    - Tinea
    - Candida
  - Viral
    - Warts
    - Herpes
    - Molluscum
    - Contagiosum
  - Bacteria
    - Boils
    - Furuncles
    - Impetigo
    - Erythrasma
  - Infestation
    - Pubic lice
    - Scabies

**HEREDITARY**
- Hailey-Hailey Disease

**INFLAMMATORY**
1. Psoriasis
2. Contact Dermatitis
3. Lichen Sclerosis/BXO
4. Behcet’s
5. Hidradenitis Suppurativa

**NEOPLASMS**
- Benign
  - Pearly Penile Papules
- Malignant
  1. Vulvar/anal SCC
  2. VIN/PIN
  3. Extramammary Paget’s
COMMON SKIN CONDITIONS

- INFECTIONS
- ECZEMA
  - IRRITANT CONTACT DERMATITIS
  - ALLERGIC CONTACT DERMATITIS
- INFESTATIONS
- PSORIASIS
- COMPLICATIONS OF TREATMENT
- STDs – DISCHARGE/ULCERS
ERYTHRASMA
Figure 14  (A) Tinea corporis with mild subacute spongiotic changes.  (B) Grocott methanamine silver stain showing fungal hyphae within stratum corneum.
STRIAE DISTENSÆ / STRETCH MARKS

- A healthy young man developed striae after applying topical steroids to a dermatitis on the groin for over a year.
GENITAL PRURITUS

- ITCH BUT NO LESION
  - DIABETES
- ITCH WITH LESIONS
  - ALL ABOVE
- ITCH BUT DIDN’T LOOK CAREFULLY
**Viral Warts**

- Caused by Human Papillomavirus – a group of double stranded DNA virus
- HPV is incorporated into skin cells and stimulate them to proliferate, causing a wart
- Sexually acquired, in young adults
- Presented as flesh coloured papules a few millimetres to several centimetres
- Diagnosed by clinical, if in doubts, biopsy
- Emollients and soap substitutes to relieve scaling and reduce itch
- Mild potency topical steroid
INTERTRIGO

- Friction, heat, moisture
- Erythematous, macerated
- Secondary infection
- Erosions, fissures, exudation

- Seen in hot and humid weather
- Clinical findings
  - Erythema
  - Symptoms of pruritus, tenderness or increased sensitivity

- Bacteria infections usually caused by streptococci, staphylococci, pseudomonas or corynebacterium

- Differential diagnosis
  - Seborrheic dermatitis
  - Intertriginous psoriasis
FIXED DRUG ERUPTION
Acanthosis Nigricans

- Endocrine-Insulin resistance, Obesity, PCOS
- Malignancy-Paraneoplastic syndrome
- Others-Familial, drug induced, Idiopathic
UNCOMMON SKIN CONDITIONS

- **INFLAMMATORY CONDITIONS**
  - INFECTIONS
  - HIDRADENITIS SUPPURATIVA
  - HAILEY-HAILEY DISEASE
  - LICHEN PLANUS
  - REITERS SYNDROME

- **PREMALIGNANT LESIONS**
  - EXTRAMAMMARY PAGETS DISEASE
  - ERYTHROPLASIA OF QUEYRAT
  - LICHEN SCLEROSUS ET ATROPHICUS
  - BOWENOID PAPULOSIS

- **MALIGNANT LESIONS**
  - SCC
  - BCC
**Figure 1-17.** Hidradenitis suppurativa  Severe scarring on the buttocks, inflammatory painful nodules with fistulas, and draining sinuses. When the patient sits down, pus will squirt from the sinus openings.

**Figure 1-18.** Hidradenitis suppurativa  The entire perigenital and perianal skin as well as the buttocks and inner aspects of the thighs are involved in this 50-year-old male.
LICHEN SCLEROSUS ET ATROPHICUS/BALANITIS XEROTICA OBLITERANS (BXO)

- Presents as pruritus, burning, pain with ulceration.
- Initially erythema with hypopigmentation, then later becomes ivory porcelain white macules and plaques, echymoses, erosion and fibrosis. It may obstruct the urethral orifice.
- Ten times more common in females
- End stage is called BXO
- Complications- Invasice SCC
- Treatment: Super potent clobetasol oilment, tacrolimus.
**LICHEN SCLEROSUS ET ATROPHICUS**

*Figure 39-2.* Lichen sclerosus. White plaque with scarring and purpura on penis.

*Figure 39-3.* Lichen sclerosus. White atrophic plaque with scarring and loss of labia minora.
CONDYLOMA LATA SEEN IN SECONDARY SYPHILIS
BENIGN FAMILIAL PEMPHIGUS
Skin biopsy under microscope
Immunofluorescent test for Ab (is negative for HHD, positive in pemphigus vulgaris)
4. Behcet's Disease
<table>
<thead>
<tr>
<th>Precancerous tumors and cancer</th>
<th>HPV-related squamous cell carcinoma in situ</th>
<th>Non-HPV related squamous cell carcinoma in situ</th>
<th>Invasive squamous cell carcinoma</th>
<th>Extramammary Paget’s disease</th>
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<tr>
<td></td>
<td>Uncommon</td>
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<td>Younger patients with history of genital warts</td>
<td>Older patients. May have history of lichen sclerosis/planus</td>
<td>Peak age of onset is 60-70 years. May have history of genital warts or lichen sclerosis/planus</td>
<td>Onset after 50 years of age. 15-30% are associated with malignancy</td>
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<td>Indolent asymptomatic course. Less likely to be invasive</td>
<td>May be pruritic</td>
<td>May be tender or pruritic</td>
<td>Asymptomatic, indolent</td>
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<td>Multifocal red, brown, or skin-colored papules or plaques on penis or perianal area in males and females and in vestibule, labia majora, and perivulvar area in females</td>
<td>Unifocal red, white, or skin-colored papules typically on penis, and perianal area in males and vestibule and labia minora in females (Figure 39-11A and B)</td>
<td>May present as an ulcer, plaque or exophytic nodule (Figure 39-12) typically on the labia minora or majora or clitoris in females and on the penis in males</td>
<td>Well-demarcated pink scaly plaque with white epithelium on vulva or perineum (Figure 39-13)</td>
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Vulval/ Penile intraepithelial neoplasia (PIN) –

- Precursor lesion to penile squamous cell carcinoma (SCC)

- 2 variants - genital Bowen’s disease and erythroplasia of Queyrat.

- Occurs in older, uncircumscised males

- 40-45% a/w HPV infections

- Diagnosis by skin biopsy

Treatment: Standard/ Mohs micrographic surgery; 5FU, cryotherapy
**FIGURE 10-46**

Squamous cell carcinoma in situ, bowenoid pattern.

A, Scanning magnification shows an intraepidermal squamous proliferation composed of keratinocytes with a higher nuclear to cytoplasmic ratio than the non-neoplastic epidermis giving the carcinoma a darker appearance than the adjacent normal epidermis. There is associated inflammation.

B, The basal cell layer shows bland keratinocytes. Atypical keratinocytes populate primarily the spinous cell layer.
Extramammary Paget’s Disease

- Presented with well-demarcated, weeping, and eczematous or erythematous plaque in the genital or perianal area
- Commonly affected sites: 50% on the vulva; 30% on the perianal skin; 15% on the male genitalia

- Frequently associated with underlying adnexal carcinoma and visceral malignancy (genitourinary, gastrointestinal)

Diagnosed by skin biopsy; Screen for genitourinary or gastrointestinal malignancy

Treatment modalities for EMPD:
Surgery, Radiotherapy, Chemotherapy
Extramammary Paget's Disease
Extramammary Paget’s disease.

FIGURE 11-82
Buckshot pattern of intraepidermal carcinoma cells.

FIGURE 11-83
Extramammary Paget’s disease.
Signet ring cells with cytoplasmic mucin.
DIFFICULT SKIN CONDITIONS

- GET A DIAGNOSIS
- IF IN DOUBT **BIOPSY**
  - **NOWADAYS SIMPLE - PUNCH BIOPSY**
- TREATMENT BASED ON DIAGNOSIS
- EMPIRICAL TREATMENT AND PROLONGED USE OF TOPICAL AGENTS MAY RESULT IN COMPLICATIONS