

Clinica-Medical Image

Chronic Bleeding of the Scrotal Skin: What Could It Be?

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Figure 1

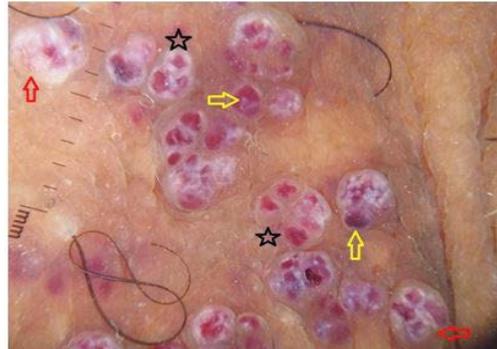


Figure 2

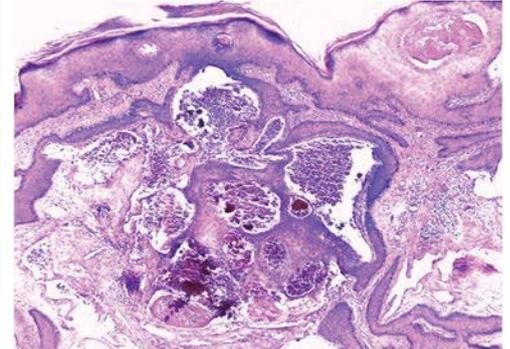


Figure 3

Figure 1: Clinical image of purple papules of the scrotum

Figure 2: Dermoscopic image ((Dermlite DL3N, California USA, 10x), with non-polarized mode) (Black stars: rosette appearance; Red arrows: white veil; Yellow arrows: red and purple lacunae).

Figure 3: Hyperacanthotic epidermis, proliferation of vessels and deep thrombosis in upper and right.

Introduction

A 26-year-old man came to our department complaining of multiple firm purple papules 1 to 2 mm in diameter located on the scrotum sparing the thighs and abdomen (Figure 1). These lesions cause intermittent bleeding of the scrotal skin in recent years, especially during sexual intercourse. Dermoscopic examination of the lesions was done (Dermlite DL3N, California USA, 10x), with non-polarized mode. There was a rosette appearance (black stars) with red and purple lacunae (yellow arrows) and a whitish veil (red arrows) (Figure 2). Histopathology revealed hyperkeratosis and several dilated and congested dermal vessels confirming a final clinico-dermoscopic-pathological diagnosis of angiokeratoma of Fordyce (Figure 3). His angiokeratomas were successfully treated with Nd: YAG laser of 1064 nm wavelength which led to not only functional but also cosmetic improvement of his scrotum. John Addison Fordyce first described Fordyce angiokeratoma or angiokeratoma of the scrotum in 1896. Its etiology remains unclear. Differential diagnosis mainly includes angiokeratoma corporis diffusum, malignant melanoma and nevomelanocytic nevus. In cases of diagnostic dilemma, dermoscopy can be very useful, but biopsy of the lesion is the gold standard method for the establishment of the diagnosis.

Keywords: Scrotal skin; Chronic bleeding; Dermoscopy

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