

Case Report



Scrotal Angiokeratomas: A Differential Diagnosis From Ectoparasites

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Abstract

An anxious patient consults for round, brown raised lesions on the scrotum, because he believes he is infested with ectoparasites. In fact, these are angiokeratomas, which may suggest ectoparasites, but are only benign tumors due to dilation of superficial cutaneous vessels, the pathophysiology of which is unknown.

Keywords: Angiokeratoma, Scrotum, Ectoparasites

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Introduction

Infestation by ectoparasites very often causes a feeling of anxiety in patients who feel invaded by pathogens which can sometimes cause serious illness. Also the slightest skin lesion which may suggest an ectoparasite prompts a consultation for specialist advice.

Case Presentation

A 47-year-old patient, consults for multiple small skin lesions that have appeared for several weeks, at the level of the scrotum. These lesions are neither itchy nor painful, but the patient is worried about the unsightly appearance and especially about the fear of a possible progressive underlying disease. This patient, who has already been treated for scabies and then for pubic lice, fears a new parasitic infection, such as small ticks. The clinical examination of the scrotum reveals, in fact, the presence of several small brown tumors, diagnosed as angiokeratomas (Figure 1). The clinical examination and the biological assessment of this patient are normal. These are therefore benign skin lesions, without pathological consequences, but which can in fact be confused with ectoparasites, especially in this very sensitive location.

Discussion

Angiokeratomas were described in 1896 by an American dermatologist JA Fordyce. They appear as red or blue papules on the scrotum or sometimes at the base of the penis, on the inner thighs or on the lower part of the abdomen. In women, the papules can be located on the labia majora (1). These papules vary in number from one to several dozen, or even more than a hundred (2).

In young people, they are small and red in color, while in older people (over 40 years old), these papules increase in number, are larger and darker in color (blue or black). These skin lesions are asymptomatic. But sometimes, when scratched to try to remove them, they can be a little bloody. These colored papules are due to dilations of the small superficial vessels of the skin, but the etiology of the occurrence of these lesions is unknown (3). It is true that these lesions can be confused with the presence of small ticks attached to the skin.

The pathological analysis shows an ectasia of the subepidermal vessels associated with epidermal hyperplasia of the hyperkeratosis (4) (Figure 2), but does not detect any parasites. Angiokeratomas are independent of the level of hygiene, are not transmissible and do not cause any other clinical or biological manifestations, including sexual activity. A differential diagnosis must be considered when faced with a large number of lesions that extend well into the abdomen such as Fabry disease. This is a lysosomal storage disease, hereditary, linked to the X chromosome. It is due to an enzyme deficiency in α -galactosidase and is responsible for skin, neurological and cardiac disorders (5-7).

Angiokeratomas do not require any treatment. If the patient wishes to remove these papules for aesthetic reasons, cold (liquid nitrogen), heat (electric scalpel or laser) must be used. But recurrences are possible.

Conclusion

When faced with unusual skin lesions, particularly in the genital area, it is useful to check whether or not it is the presence of ectoparasites.



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Figure 1. Presence of Angiokeratomas on the Scrotum

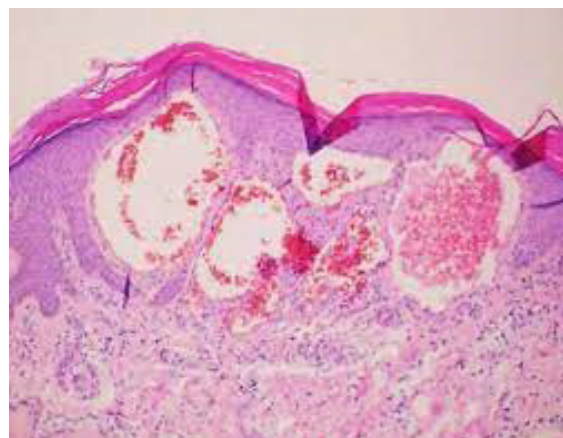


Figure 2. Angiokeratoma Section: Vascular Ectasia and Epidermal Hyperkeratosis

Author's Contribution

Conceptualization: Patrice Bourée and Raymonde Danila.

Data curation: Patrice Bourée.

Formal analysis: Patrice Bourée and Raymonde Danila.

Funding acquisition: Patrice Bourée and Raymonde Danila.

Investigation: Raymonde Danila.

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Writing-review editing: Patrice Bourée.

Competing Interests

the authors declare that they have no competing interests.

Informed Consent

Written informed consent was obtained from the patient for publication of this report.

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