We present the case of a 35-year-old patient who has been suffering from a slightly pruritic erythematous lesion on the scrotum for 3-years (Figure 1). He was previously diagnosed with eczema and put on topical steroids with good improvement but later it recurred. On clinical examination, a finely squamous erythematous plaque was present on the scrotum without any other lesions elsewhere on the body. Dermoscopic examination showed regularly distributed red dots and a reddish background. The diagnosis of psoriasis was confirmed and the patient was treated with topical steroids.

Psoriasis is a chronic, inflammatory epidermal skin disease with a high prevalence in the general population of approximately 2%. It is part of a more generalised plaque psoriasis, although the external genitalia may be the only area affected. However, the isolated presentation of psoriasis solely on genital skin seems to be rare and occurs in only 2-5% of the psoriatic patients. Prevalence is higher in men than in women and just few studies have been published on this topic.1,2

Lesions mainly affect the glans and the inner side of the foreskin (prepuce), and less frequently the sheath of the penis and the scrotum. Clinically, it manifest as erythematous plaques with white scales, rarely itching and it is the dermoscopic examination that has all its relevance to confirm the diagnosis. This shows regularly distributed dots on a reddish background (Figure 2).3

CONSENT

The authors have received written informed consent from the patient.

References:

Figure 1. On Clinical Examination, a Finely Squamous Erythematous Plaque

Figure 2. The Dermoscopic Examination Showing Regularly Distributed Red Dots and Reddish Background
CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

REFERENCES

