

Fellatio associated palatal petechiae: An accidental finding

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Πετέχειες στην υπερώα σχετιζόμενες με πεολειξία. Τυχαίο εύρημα

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Case Report
Αναφορά Περιστατικού

SUMMARY: Objective: Oral lesions can develop from variable etiological factors. So it is of utmost importance to obtain a comprehensive history and oral examination. Fellatio is commonly practiced sexual act, in which the penis is placed into the mouth of another person and may result in submucosal hemorrhage of the palate. The lesions are asymptomatic and typically appear on the soft palate.

Description: In this report we report a case of a 57 year old woman who presented with an incidental erythematous lesion about 3 cm with a clear centre on her soft palate during her dental visit.

Conclusion: As the patients may be unaware of the etiology of the lesions and when they hesitate to provide the details of the sexual history, it is important that the clinician should have a high index of suspicion based on the patient's clinical presentation.

KEY WORDS: fellatio, oral lesion, palatal petechiae

ΠΕΡΙΛΗΨΗ: Σκοπός: Στοματικές βλάβες μπορεί να αναπτυχθούν από ποικίλους αιτιολογικούς παράγοντες. Επομένως, είναι υψίστης σημασίας η λήψη ενός ολοκληρωμένου ιστορικού και της κλινικής εξέτασης. Η πεολειξία είναι συνήθως σεξουαλική πράξη, κατά την οποία το πέος τοποθετείται στο στόμα ενός άλλου ατόμου και μπορεί να οδηγήσει σε υποβλεννογόνια αιμορραγία της υπερώας. Οι βλάβες είναι ασυμπτωματικές και συνήθως εμφανίζονται στη μαλακή υπερώα.

Περιγραφή: Σε αυτή την αναφορά αναφέρουμε μια περίπτωση γυναίκας 57 ετών, η οποία εμφανίστηκε με ερυθροματώδη βλάβη περίπου 3 cm με καθαρό κέντρο στην μαλακή υπερώα, ως τυχαίο εύρημα κατά τη διάρκεια της οδοντιατρικής της επίσκεψης.

Συμπέρασμα: Καθώς οι ασθενείς μπορεί να αγνοούν την αιτιολογία των βλαβών και όταν διστάζουν να δώσουν τις λεπτομέρειες του σεξουαλικού ιστορικού, είναι σημαντικό ο κλινικός ιατρός να έχει υψηλό δείκτη υποψίας με βάση την κλινική εικόνα του ασθενούς.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ: πεολειξία, στοματική βλάβη, υπερώα, πετέχειες

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INTRODUCTION

Erythematous lesions of the oral mucosa are common and can reflect a variety of conditions, ranging from benign reactive or immunologically-mediated disorders to malignant disease (1). A wide range of palatal lesions can be found during oral exploration with the clinical presentation as ecchymosis, erythema, purpura and petechiae (2).

Fellatio is the stimulation of a man's penis by a partner's mouth by sucking or licking, which has been reported to be popular among young population as it is considered as safer mode of sex by them (3).

BACKGROUND

The penile glands contacting the palate during fellatio may create a haematoma due to blunt trauma and dilatation of the blood vessels because of the negative pressure created while sucking (4). Palatal petechiae may develop due to negative pressure and fellatio-associated palatal petechiae results from direct and forceful contact of the distal penis against the palate along with negative pressure, resulting in mucosal injury with rupture of submucosal vessels and hemorrhage (5).

CASE DESCRIPTION

A 57 year old female patient visited the dental office with the chief complaint of pain in right lower back tooth region. The pain was dull aching and intermittent in nature. On intra oral examination, dental caries in relation to 36 was noted. It demonstrated mild tenderness on percussion. Radiographic image revealed pulpal involvement of the dental caries in relation to 36. She



Fig. 1

was recommended for root canal treatment procedure. With mild calculus deposits and stains, she maintained a fair oral hygiene. Patient was known to be diabetic and hypertensive and under medication without following any regular check up.

During the intra oral soft tissue examination, a round shaped erythematous petechiae with a clear centre of about 3 cm in maximum diameter was identified on her palate (Fig. 1). The patient was unaware of the lesion and she was asymptomatic at the time of her visit. So we intended to obtain a more personal history and it revealed that her sexual practice of fellatio with the last instance of 3 days prior to her visit, was the etiology for the development of the palatal petechiae. Laboratory test reports for human immunodeficiency virus (HIV) serology and venereal disease research laboratory test (VDRL) were negative.

Patient was explained and educated about the etiology behind her palatal lesion and advised to maintain a good oral hygiene.

DISCUSSION

Oral lesions secondary to fellatio was initially reported in the English literature by Ronchese, after the French report of palatal lesions by Barthelemy (6).

Characteristic clinical picture of palatal petechiae arises 2 days following the trauma and are asymptomatic. These palatal lesions usually resolve within 7 days. Fellatio associated traumatic blood vessel injuries of the palate exhibit as palatal ecchymoses (5), palatal erythema (7), palatal hemorrhage, palatal petechiae (8) and palatal purpura (9).

In accordance with Schlesinger SL et al., the current report patient was asymptomatic and showed the signs of palatal petechiae (8).

The clinician has to consider other etiological factors of palatal petechiae and purpura such as blood dyscrasia, infection, trauma and tumor before come to a final diagnosis. If the diagnosis of fellatio-associated trauma cannot be established, additional evaluation tests like complete blood cell counts with platelets and other coagulation studies to examine for blood dyscrasias, serologic studies and cultures for Epstein-Barr virus and Beta-hemolytic streptococcus infection and radiologic studies such as, computerized axial tomography and/or magnetic resonance imaging to rule out nasopharyngeal carcinoma (7).

Fellatio induced submucosal hemorrhage of the palate resolves spontaneously, usually in less than a week or two. Therefore, treatment of the palatal lesion is not necessary. Recurrence of the lesions may be due to new episodes of receptive oral sex (9).

While treating the patients with oral infections secondary to fellatio, both oral and genital lesions should be

resolved as the inadequately treated genital lesions are more likely reason for the persistence of the oral infection in those patients (5).

CONCLUSION

A small focal area of erythema in the midline of the palate without any probable cause or any specific contributing factor are the pivotal signs that should raise the intention to obtain a more personal patient history. As the patients may be unaware of the etiology of the lesions and when they hesitate to provide the details of the sexual history, it is important that the clinician should have a high index of suspicion based on the patient's clinical presentation. Evaluation of patients for sexually transmitted diseases should be considered as these infections can be associated with fellatio.

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