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Prevalence of Venereophobia among Patients of Non-Venereal Genital Conditions- A Cross-Sectional Hospital Based Study from Nepal

Vikash Paudel^{1,2}, Deepa Chudal³, Upama Paudel², Dwarika Prasad Shrestha²

¹National Medical College, Parsa, Nepal; ²Maharajgunj Medical Campus, Institute of Medicine, Kathmandu, Nepal; ³Nepal Police Hospital, Kathmandu, Nepal

Abstract

Background: Venereophobia is the fear of getting venereal diseases or sexually transmitted diseases. This study was carried out to determine the prevalence and describe the varying clinical pattern of dermatoses among patients with venereophobia in non-venereal genital conditions.

Materials and Methods: This was a hospital-based, prospective, cross-sectional observational study conducted in a tertiary center in Kathmandu, Nepal, over a period of one year. A nonprobability purposive convenient sampling technique was used to select the samples. Two hundred patients were enrolled in the study. Ethical approval was taken prior to the study. A detailed history along with a complete cutaneous examination was carried out in all patients and recorded in preformed proforma. Patients with symptoms and clinical signs of sexually transmitted infections were excluded from the study.

Results: The prevalence of venereophobia among non-venereal dermatosis was 18%. The mean age of the patient with venereophobia was 32 ± 11.6 years. The male to female ratio was 17:2. About 72% of the total patients were married. The most common symptoms of patients with venereophobia were genital itching, whereas about 44% were asymptomatic. The common dermatological disorders associated with venereophobia were pearly penile papules, genital vitiligo, irritant contact dermatitis. Three fourth of the patient with venereophobia had multiple sexual exposures.

Conclusions: Venereophobia is an important issue to be focused on patients with genital dermatosis and a significant number of patients might have venereophobia even in non-venereal genital dermatoses. A proper genital and psychiatric evaluation might prevent misdiagnosis and complications.

Key words: Phobia; Sexually transmitted infections; Venereophobia

Introduction

Genital skin has normal characteristics, besides related to sex and excretion, the dermatoses in these areas might also be related to general pathophysiology, urinary disease, and venereal diseases.^{1,2} Patient with a lesion in the genital might visit varied specialists.³ Improving knowledge and attitudes towards sexually transmitted infections (STI) has led to an increase in STI clinic visits. They might

also have venereophobia which is the unnatural fear of STI.⁴

Any genital dermatoses pose serious diagnostic and therapeutic challenges, due to their bizarre

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Address of Correspondence

Dr. Vikash Paudel, MD

ORCID ID: 0000-0001-8729-052X

Assistant Professor, Department of Dermatology, National Medical College

Postal Address: Birgunj-19, Bhediya, Parsa, State 2, Nepal

E-mail: vikashpoudel@iom.edu.np, +97798499948600

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presentation, privacy and hesitancy for checkups, embarrassment, and inability of necessary investigations to perform.² Besides, these problems might disseminate to other areas, can later cause complications, hamper the quality of lives and lead to mental distress, feeling of guilt among patients.⁴

The exact incidence of fear of sexually transmitted diseases has less been reported. Very few published studies from Nepal have investigated non-venereal genital dermatosis (NGVD) and venerophobia.⁵⁻⁸ Thus, this study aims to investigate the epidemiological pattern of venerophobia among patients with NVGD.

Methods

This was a hospital-based, prospective, cross-sectional study conducted in the Department of Dermatology of the Institute of Medicine, Tribhuvan University Teaching Hospital, Kathmandu, Nepal, over a period of June 2014 to May 2015. Ethical approval was taken from the Institutional Review Board (IRB Reference No. 6-11-E/071/072) prior to study. Non-probability purposive sampling was used to select the samples. Two hundred consecutive patients with non-venereal genital dermatoses were enrolled in the study. All participants provided written informed consent for participation. Patients with ano-genital lesions were included in the study. Patients with symptoms and clinical signs of sexually transmitted infections were excluded from the study. The signs and symptoms of the STI included history of sexual contact and appearance of genital ulcer, discharge, swellings etc. The diagnosis was based on detailed history,

clinical features, and appropriate investigations when required. The examination findings were noted and details were recorded in the prepared proforma. Statistical Package for Social Science (SPSS) 20 was used for statistical analysis. Descriptive statistics were utilized to compute the mean and standard deviation. The results were considered statistically significant at an alpha of 5% ($p \leq 0.05$).

Results

The hospital prevalence of NVGD was 0.93 %. Out of the two hundred patients with NGVD, 36 patients had venerophobia, thus the prevalence of venerophobia was 18%. Among 36 patients, 32 were male and 4 female patients were female with male to female ratio of 17:2. The mean age of patients presenting with features of venerophobia was 32.2 years (SD+11.6, Range: 20-66 years). Their socio-demographic characteristics are shown in Table 1.

Pattern of clinical complaints among patients

The most common complaint was pruritus in both males and females, which was present in 80.5% % of patients. The other common symptoms were pain, blisters, swelling, burning, sores, etc. About 44 percent of the patient were asymptomatic. (Figure 1)

All of them had sexual exposure and were heterosexuals. Three fourths of the patients have multiple sexual exposures. Different genital conditions were found to be associated with venerophobia. The common were pearly penile papules, vitiligo, ICD, Zoon balanitis, disease, Fordyce spot, etc. (Table 2)

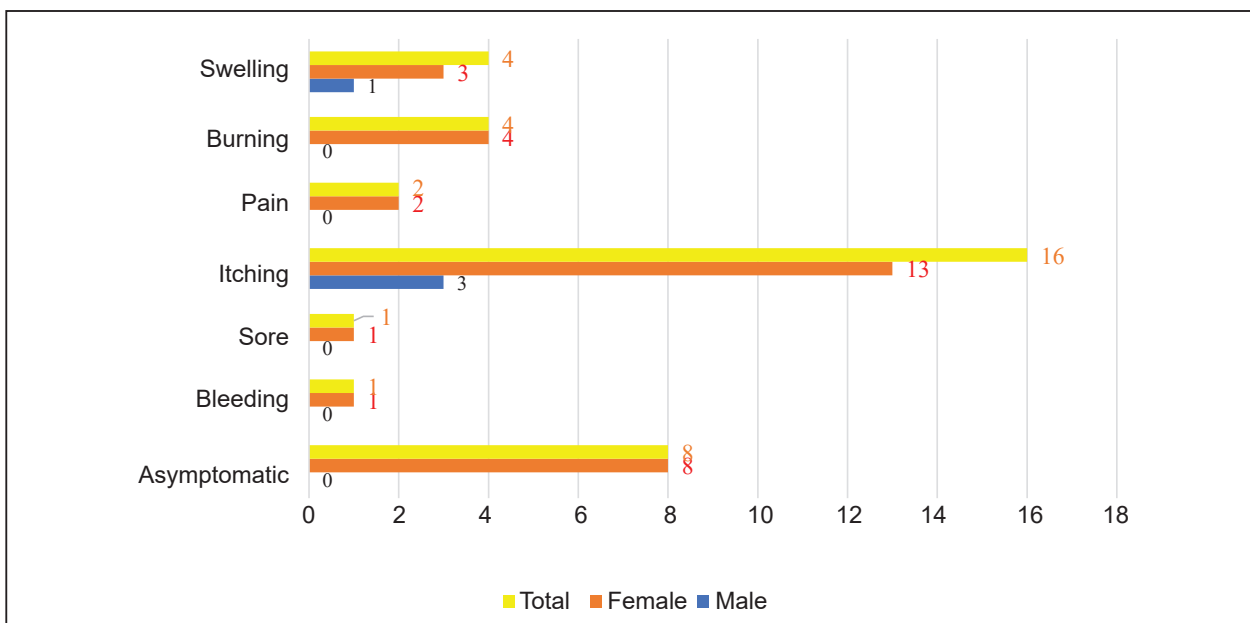


Figure 1: Clinical signs and symptoms of a patient with venereophobia

Table 1: Socio-demographic profile of patients with venereophobia

Characteristics	Categories	Frequency (n=36)	Percentage
Gender	Female	4	11.1
	Male	32	88.9
Marital Status	Married	26	72.2
	Unmarried	10	27.8
Educational Status	Illiterate	2	5.6
	Primary	2	5.6
	Secondary	8	22.2
	SLC	10	27.8
	Graduate	12	33.3
	Postgraduate	2	5.6
Occupation	Service	5	13.9
	Farmer	6	16.7
	Business	9	25.0
	Security personnel	3	8.3
	Students	6	16.7
	Homemaker	3	8.3
	Others	1	2.8
	Labor migrants	3	8.3
Religion	Hindu	30	83.3
	Buddhist	6	16.7
Sexual Exposure	Single	9	25
	Multiple	27	75

Table 2: Various conditions associated with venereophobia.

Diagnosis	Male (n=32)	Female (n=4)	Total N= 36	Percentage 100%
Pearly penile papule	12	0	12	33.3
Vitiligo	6	0	6	16.6
Irritant contact dermatitis	3	1	4	11.1
Zoon's balanitis	2	0	2	5.5
Fordyce spot	1	1	2	5.5
Angiokeratoma	1	0	1	2.7
Bartholin's cyst	0	1	1	2.7
Lichen simplex chronicus	0	1	1	2.7
Lymphedema of penis	1	0	1	2.7
Phimosis	2	0	2	5.5
Preputial cyst	1	0	1	2.7
Epidermoid Cyst	2	0	2	5.5
Hydrocele	1	0	1	2.7
Total	32	4	36	

Discussions

Our study was done to assess venereophobia and its clinical and epidemiological profile in patients with NVGD. These dermatoses are of paramount importance but considered an orphan disease.² Because of the intimate nature of the problems, patients are frequently restrained about discussing

problems with their healthcare providers.⁴ Though venereophobia is an important entity, they are mostly limited to age-old published literatures and large-scale studies on the prevalence of NVGD and venereophobia dermatoses are lacking.^{2,4,9}

The hospital prevalence of NVGD in our study was 0.93% and which is similar to the study by Vinay N et

al. where they had only 0.3%.¹⁰ However, prevalence of venereophobia among NVGD in our study was 18%, which is very high than that of the previous study where they had 2.4% only.¹⁰ The mean age group of the patient in our study was 32.2 years (SD 11.6 years) which ranged from 20 to 66 years. It was similar to the study by KC et al., Gyawalee et al. and Vinay et al.^{4,5,10} There were 72.2% of married and 27.8% unmarried patients, which is different from the study by KC S et al.⁵ This proves that NVGD and venereophobia can occur without sexual exposure but venereophobia commonly seen in patients with multiple sexual exposure. Majority of the patients in our study were males which was common in other similar studies.^{5,6,10} This is possibly due to the anatomy of male genitalia, and influence towards sexual activity among males, male dominated society, and commercial sexual seeking behavior of males as in other studies.^{4,5,10,11} The study by Vinay et al. did not report any cases of venereophobia in women and most studies had venereophobia significantly higher in males.¹⁰

Regarding the common presenting complaints in our study, itching was the most common, occurring in 80.5% of patients. Itching was also the commonest presenting complaint in various studies.^{4,10,12} The other common symptoms were pain, blisters, swelling, burning, sores, etc. Other articles had skin lesions with discomfort and white sloughs in their studies followed by genital itching.⁴

Among the patients with venereophobia, 27 (75%) had multiple sexual partners. In other studies, also, multiple sexual exposure was seen 32-39% and even in commercial sex workers.^{5,10,12,13}

Pearly penile papules, genital vitiligo and dermatitis were the common concerning diagnosis in patients who had venereophobia. These are commonly seen NVGD reported in many studies. Pearly penile papules are flesh colored papules which are normal

findings located circumferentially around the glans.^{4,5,8} The results are similar to the study performed by Michajlowski et al.¹³

Pearly penile papules have been reported to cause various psychiatric illness in males causing venereophobia, hypochondriasis, psychosis, anxiety, and schizophrenia.^{5-7,10-14} The reason for this lack of general anatomical knowledge could be because of decreased sex education. Similarly, Mahajan BB et al. had pointed out that pearly penile papules, spermatorrhea, sticky meatus, genital dyspigmentation are common presentations of venereophobia.⁴ A multidisciplinary approach to NVGD and venereophobia could be done to reduce the morbidity associated with it.^{3,5,10}

This study was a hospital-based study, hence is not completely representative of the situation in the community. Limited sample size might be another limitation of our study.

Conclusions

The clinical presentation of NVGD could be bizarre so as venereophobia. The prevalence of these diseases might reflect only the tip of the iceberg. Venereophobia is associated with various dermatological conditions. The level of knowledge on normal anatomy and physiology of genitalia, STI, preventive measures and safe sexual activity is needed to reduce the stigma, morbidities and possibilities of complications associated with it.

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