

Irritant contact dermatitis from passive contact with sexual massage oils - 'sexual contact dermatitis'

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Abstract Massage oils for sexual use have flooded the Indian market in recent times. These oils have been claimed to have several sexual augmenting properties. These oils are sold widely over the counter in India to the otherwise unsuspecting and lay public, who use them largely out of curiosity, being driven by clever marketing techniques. We report a patient who suffered irritant contact dermatitis from the oil after passive contact. We consider this to be the first case report of such 'sexual contact dermatitis' resulting from the usage of such penis-massage oils. We intend hereby to emphasize the need for issue of side effects and safety notifications. This condition may also be considered in the differential diagnoses of anogenital ulceration following sexual intercourse.

Key words

Sexual contact dermatitis, penis massage oil

Introduction

Massage oils for sexual use have flooded the Indian market in recent times. They require application and massage of the same on the penis; the results claimed are potentiation of penile rigidity, increased intercourse time, enhancement of the size of the male organ and as result, 'guaranteed' partner satisfaction. A multitude of such penis-massage oils are wildly sold over the counter in India. The manufacture and marketing of these 'herbal' medicaments are unregulated and their actual composition, unknown.

The issues of indication of usage, efficacy and active ingredient apart, these rubbing oils are but not without side effects. We report herein, the

untoward effect of such oil on the sexual partner. We believe this to be the first such report in the literature.

Case Report

A 32-year-old female patient presented to the outpatient clinic with complaints of intense burning pain and ulceration on the anogenital region for 3 days. She could recall that the onset of the symptoms were from a few hours after she had unprotected genital and anal intercourse with her husband. She also stated that her husband, a migrant laborer having procured some 'sexual' massage-oil from a local chemist shop, had used some on the penis before intercourse. In the beginning she felt a burning sensation on her anogenital area. When she examined herself, she found the area to be intensely red, with few surmounting blisters. There was no previous history of any topical application, medicine intake preceding the event, or similar episode.

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Figure 1 Extensive well demarcated areas of blistering and ulceration. Few blisters are evident at the periphery.

On examination, she was distressed with pain and unable to move her legs. Examination of the anogenital area (**Figure 1**) revealed sharply demarcated extensive blistering and sloughing involving the perianal area, intergluteal cleft and part of the buttocks and vulva. The skin on the right buttock had sloughed off to reveal a raw and erythematous floor. The areas were tender to the touch. Examination of the other mucosal surfaces and other areas of the body, nail and hair examination revealed no additional information. Systemic examination was noncontributory. Complete blood count, swab cultures were noncontributory. The patient declined the suggestion of a biopsy.

Based on the history and clinical findings, we concluded that the patient had irritant contact dermatitis from prolonged contact with the penis-massage oil which was used by her husband: it was thus, a case of 'sexual contact dermatitis'.

We administered systemic antibiotics, analgesics and topical antibiotic cream to dress the ulcer.

It took about three weeks of hospital stay for the condition to resolve and the patient to be discharged. We cautioned her against letting her

husband have intercourse with her after using the oil.

Discussion

Irritant contact dermatitis (ICD) is a multifactorial disease where both exogenous (irritant and environmental) and endogenous (host) factors play a role.¹ Exogenous factors influencing the development of the condition are the type of the irritant, cutaneous penetration of the irritant, body temperature, and other exposure factors including duration, prior and simultaneous exposure. The endogenous factors, on the other hand are presence of atopy, skin permeability, individual susceptibility, age and sex factors. The common causes of ICD include cosmetics, degreasing agents, detergents, friction, low humidity, topical medicaments, solvents and wet work and others.¹

The clinical type of ICD may vary as: ulceration, folliculitis, miliaria, hyper- and hypopigmentation. The patient with acute ICD may present with a sensation of burning, itching and stinging while clinical examination may reveal edema, erythema, vesiculation and bulla formation to tissue necrosis in severe cases.¹

The present patient had irritant contact dermatitis from the penis-massage oil probably resulting from protracted contact (6-8 hours); the oil having remained pooled on the intergluteal cleft and below the buttocks all through the night.

The main differential diagnoses considered in the present case were few and included scald. The possibility of scald could be excluded by the specific history.

Conclusion

The purpose of reporting this case is to stress on public education and mention of side effects and safety on the package. This condition may be considered as one of the differential diagnoses of anogenital ulceration acquired by sexual means.

References

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