CASE REPORT: COBBLESTONE

Bilateral groove sign with penoscrotal elephantiasis

K Aggarwal, V K Jain, S Gupta

Lymphogranuloma venereum (LGV) is a sexually transmitted disease of the lymph channels caused by Chlamydia trachomatis. The lesion followed by the development of suppurative regional lymphadentitis. Esthiomene, a rare late manifestation of LGV, is a primary infection affecting the lymphatics of scrotum, penis, or vulva. The male genitalia are affected less commonly by esthiomene, but we report a male patient who presented with inguinal syndrome, penoscrotal elephantiasis, along with enlargement of femoral lymph nodes.

A 40 year old male patient, married, presented with swellings bilaterally in the inguinal and femoral region, after 1 month of uncontrolled extramarital sexual contact. The swellings were firm in consistency, slightly painful, and enlarged with the passage of time. The onset of swellings was accompanied by fever, arthralgia, and malaise. About 1½ months later, the patient developed firm swellings of the penis and scrotum along with thickening of the overlying skin. He denied any history of preceding genital ulceration or urethritis. There was no history of difficulty in defaecation, rectal discharge, or constipation.

On examination, oval, lobulated swellings were present in the inguinal and femoral region, after 1 month of unprotected extramarital sexual contact. The swellings were firm in consistency, slightly painful, and enlarged with the passage of time. The onset of swellings was accompanied by fever, arthralgia, and malaise. About 1½ months later, the patient developed firm swellings of the penis and scrotum along with thickening of the overlying skin. He denied any history of preceding genital ulceration or urethritis. There was no history of difficulty in defaecation, rectal discharge, or constipation.


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Figure 1 Bilateral groove sign with penoscrotal elephantiasis.

This patient is being reported because of presence of a bilateral “groove sign” and penoscrotal elephantiasis, which in themselves are rare manifestations of LGV.

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REFERENCES


