

# Non-Ulcerative Genital Skin Lesions

## MANAGEMENT SUMMARY

Discrete lumps or bumps in the genital region may be due to normal anatomical findings, or may be due to a small number of sexually transmissible infections. Unusual lesions should be referred for a specialist opinion before any treatment occurs.

Patient complains of **genital skin lump(s) / bump(s)**

### Examination

Note the appearance and location of lesions – together with the history, this is usually sufficient to make a diagnosis.

#### Normal anatomical variants

##### Males

- Pearly penile papules (coronal papillae), Fordyce glands.

##### Females

- Vestibular papillomatosis, Fordyce glands

#### Genital warts

Exophytic skin lesions that typically vary in size/shape and number.

##### Males

- Typically at leading edge of prepuce, on frenulum, or more sporadically in coronal sulcus, on penile shaft. Less frequently on scrotum or in pubic area. May occasionally be perianal.

##### Females

- Usually vulval (often posteriorly), perineal, or perianal.
- Note:** Fleshy lesions resembling warts and arising in warm moist mucosal sites (e.g. inner labial, anal) – **exclude syphilis** (*Condylomata lata*).

#### Molluscum contagiosum

- Lesions that are dome shaped, waxy colour, and with central umbilication. Usually small. If large they can assume a more nodular appearance.
- Usually pubic, penile, or vulval location.

#### Scabies nodules

- History of recent/current scabies.
- 'Nodular' lesions more common in males. Usual location: glans penis, or possibly scrotum.
- Typically: 2-10 mm reddish papulonodular lesions; very itchy.

#### Treatment

- Reassure patient that normal.
- If **unsure** of findings, get a second opinion.

#### Treatment

- Treatment options – see genital warts guideline [www.nzshs.org/guidelines/Genital-Warts-guideline.pdf](http://www.nzshs.org/guidelines/Genital-Warts-guideline.pdf).
- Pigmented or atypical lesions – refer to sexual health specialist.

#### Treatment

- Will resolve without treatment, but may take many months.
- Treat with cryotherapy.
- Genital Molluscum contagiosum can be acquired from or spread to sexual partners.

#### Treatment

- Check syphilis serology.
- Treat patient with permethrin 5% lotion (unless contraindicated).
- Nodules are slow to resolve – use topical corticosteroid to control itch.
- Refer to sexual health specialist if unsure of diagnosis or lesion non-responsive to topical treatment.

Further guideline information – [www.nzshs.org](http://www.nzshs.org) or phone the local sexual health service.

This Best Practice Guide has been produced by NZSHS, and is adapted from the CMDHB Best Practice Guideline. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (June 2012).