

Water can Perineum due to Gonococcal Infection

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ABSTRACT

Introduction: Gonorrhoea is a common sexually transmitted disease caused by *Neisseria gonorrhoeae*, a gram negative diplococci. In the modern era of broad spectrum antibiotics, urethral fistulae (watering can perineum) is one of the forgotten sequelae of chronic gonococcal infection.

Case report: Here we report two cases of gonococcal urethritis and multiple sinuses in the glans penis in immunocompetent patient.

Conclusion: In the present scenario of HIV pandemic, ineffective treatment of patient or their partners for gonorrhoea due to emergence of multidrug resistant strains, may result in development of these complications.

Keywords: Chronic Gonococcal urethritis, Multiple discharging sinus of penis, water can perineum.

INTRODUCTION

Sexually transmitted diseases (STI) are problem since Ancient period. These diseases are usually spread through sexual relations. Gonorrhoea is the most common sexually transmitted infection in the tropics. The risk of gonorrhoea infection after single exposure is about 20% for male and probably higher for females.¹ Symptomatic uncomplicated infections in male usually manifest as thick, yellow mucoid urethral discharge and dysuria.² The complications are acute urethritis, epididymitis, abscess and fistula formation and systemic diseases due to haematogenous spread. One of the uncommon complication urethral fistulae can be seen in case of ineffective treatment of gonorrhoea especially in the era of HIV pandemic.³

CASE REPORT

CASE-1

A 27 year, male presented with dysuria for 1 ½ months, purulent pus discharge per urethra with scaling from glans penis for 1 month and micturition from several openings of glans for 8 days. Patient had multiple addictions and history of high risk sexual behavior. He had no associated fever, bleeding per urethra, testicular pain or joint pain. On examination of there were numerous healing ulcers with scaling over glans penis [fig 1] with purulent pus discharge from urethra and also from several openings around the glans penis. There was no lymphadenopathy and systemic examination was not contributory. His hemogram, blood biochemistry were normal.

CASE 2

A 55 year male, having no high risk sexual behavior, presented with whitish discharge per urethra and multiple sinuses with ulceration around glans penis for one year. He had history of dysuria and inguinal swelling one year back

which subsided on conservative management but after one month he developed the discharge and ulcer which lead to disfigurement of the glans penis. On examination there were multiple discharging sinuses around the glans penis with puckered scarring [fig 2]. There was discharge from urethra as well as from the sinuses on pressing the penis. He had associated non-tender inguinal lymphadenopathy but systemic examination was normal. His hemogram showed mild normocytic-normochromic anemia and blood biochemistry was normal.

Examination of the urethral discharge of both patients showed gram negative diplococci [fig 3]. Their blood for VDRL and serology for HIV were nonreactive. Their evaluation for urinary tract tuberculosis, fungal infections was negative. Both the patients were treated with injection Ceftriaxone and were referred to Urology department.

DISCUSSION

Watering can perineum means urination through the perineum due to multiple urethroperineal fistulas which are most commonly caused by chronic inflammatory urethral strictures due to tuberculosis, schistosomiasis, or gonorrhoea.⁴ Due to stricture urine extravasates into periurethral glands leads to periurethral abscesses which burst on skin, form urethrocutaneous fistulae. It has been described in immunocompromised patients.⁵ Fungal infections (Eumycotic mycetoma or Actinomycotic mycetoma) and Lymphogranuloma venereum (LGV) infections can mimic watering can peri-



Figure-1: Purulent discharge from urethra and periurethral sinus.

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Figure-2: Purulent discharge with puckered scarring

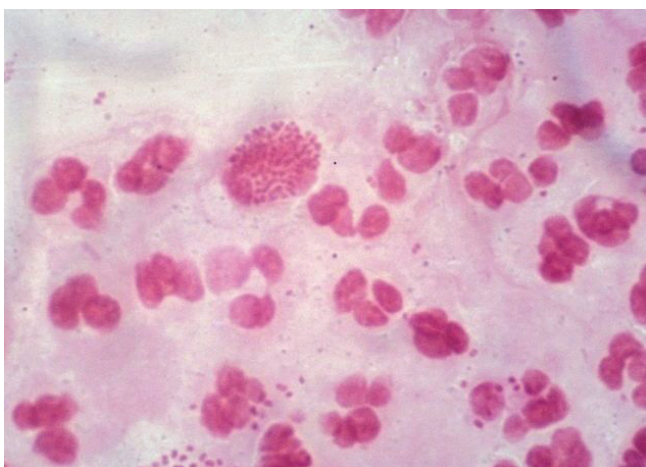


Figure-3: Diplococci on gram stain of urethral discharge.

neum but these sinuses discharge black, pale, or red grains.⁵ Patients with urethral discharge should be treated early with proper antibiotics to prevent stricture and wateringcan perineum should be treated with suprapubic urinary diversion and delayed urethral reconstruction by Uro-Surgeon.

CONCLUSION

Due to emergence of multidrug resistant strains patients and their partners should be treated with proper antibiotics. Early recognition and management of stricture disease can prevent undue morbidity associated with disintegrating perineal disease.

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