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ORIGINAL

The relationship between coronal sulcus lymphangitis and IgE



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KEYWORDS

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Abstract

Objectives: To investigate whether there is a link between serum IgE levels in patients having diagnosis of coronal sulcus lymphangitis and this disease.

The patients and method: The patients have been diagnosed clinically. The time of symptoms' existence, allergy history and the history of a traumatic sexual relationship or masturbation have been investigated. The serum total IgE levels have been measured.

Results: The study includes 27 patients. All patients have been diagnosed clinically. The age average is 36 (22–54). The time between the last sexual relationship or masturbation and the emergence of the symptoms is averagely 3 days (1–10). The symptoms emerged in shorter than 24 h in 6 patients. The symptoms emerged statistically earlier in patients having a traumatic sexual relationship or masturbation history (p : 0.0046). The level of serum IgE was over the threshold value in 8 patients (30%). The symptoms emerged statistically later in patients having high IgE level (p : 0.0004).

Conclusions: The immunologic, traumatic and infectious reasons are responsible for the etiology of the coronal sulcus lymphangitis. In this study, the rate of the patients considered to be having immunologic reasons has been found as 30%.

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PALABRAS CLAVE

Linfangitis;
Surco coronario;
Pene

Relación entre la linfangitis del surco coronario y la IgE**Resumen**

Objetivo: Investigar si existe una relación entre los niveles séricos de IgE en pacientes diagnosticados de linfangitis del surco coronario y este resultado.

Pacientes y métodos: Los pacientes recibieron un diagnóstico clínico. Se investigaron la duración de los síntomas, antecedentes de alergias o de traumatismos durante el coito o la masturbación. Se midieron los niveles totales de IgE.

Resultados: Se incluyeron 27 pacientes en el estudio. Todos habían recibido un diagnóstico clínico. La media de edad fue de 36 (22-54). El tiempo transcurrido desde la última relación sexual o masturbación y la aparición de los síntomas de 3 días de media (1-10). Los síntomas surgieron en menos de 24 horas para 6 pacientes. Los síntomas aparecieron antes de manera estadísticamente significativa en aquellos pacientes con antecedentes de coito o masturbación traumáticos ($p: 0,0046$). El nivel de IgE en sangre fue superior al valor de referencia en 8 pacientes (30%). Los síntomas aparecieron más tarde con significación estadística en los pacientes con niveles de IgE altos ($p: 0,0004$).

Conclusión: Existen motivos inmunológicos, traumáticos e infecciosos que ocasionan la linfangitis del surco coronario. En el presente estudio se considera que la tasa de pacientes que contaban con motivos inmunológicos ascendía al 30%.

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Introduction

The spongiosis substance of penis creates glans penis by extending in the most distal section and sits on the cavernous substances in shape of hat. The area in 8–10 mm seen as a gutter between the proximal limit of glans penis and cavernous substances is called as coronal sulcus. Coronal sulcus is covered with preputium. In uncircumcised individuals the inside folium of preputium covers this area and the proximal limit cannot be determined clearly. But in circumcised individuals the line of circumcise incision shows the proximal limit of the coronal sulcus. The inside folium of preputium filling the area between this line and glans gains leather aspect in time by being keratinized.

The lymphatics of penis skin range from distal to proximal and are drained to inguinal lymph nodes. The lymphatics in this area have an important role in regulating the tissue pressure and immune response like other lymphatic in the body. Some changes are observed in pathologic situations like trauma, infection, inflammation. One of these pathologic situations is lymphangitis.^{1–3}

The coronal sulcus lymphangitis holds the lymph channels in this area and it is a rarely seen situation. It is also called as nonvenereal sclerosant lymphangitis of penis, nonvenereal sclerosant lymphangitis of coronal sulcus, circular endure lymphangitis, penis lymphangiectasia and temporary lymphangiectasia of penis. The traumatic, infectious and allergic reasons are emphasized in its etiology.^{4–6}

It is seen in situations like the high level of serum total immunoglobulin E (IgE), immune deficiency, viral and parasitary diseases, variable malignancies. Also it generally becomes a sign of allergic reaction in patients when these situations are excluded.⁷

In this study the serum total IgE levels were measured in patients diagnosed with coronal sulcus lymphangitis

clinically and the frequency of the allergic etiology was investigated.

The patients and method

27 patients who came to our polyclinic in two years with complaints of swelling or pain in penis distal and were diagnosed with coronal sulcus lymphangitis have been included in this study.

The patients having immune deficiency, parasitary disease, viral disease and malignancy history were excluded from this study.

After the sexual and allergic history of the patients was questioned, their physical examinations were made and they were diagnosed clinically. Then their serum total IgE levels were measured by means of electrochemiluminescent immunoassay-ECLIA (Roche, Indianapolis, ABD) method. While the serum total IgE level under the 100 ng/ml was accepted normal, the values over this threshold were accepted as pathologically.

In statistical studies, the time between the last sexual relationship or masturbation and emergence of symptoms was evaluated. With this aim two comparisons were made.

In the first one, the patients having or not having trauma history, and in the second one the patients having or not having high IgE levels were compared. The Mann-Whitney test was used as a statistic test. The calculated p value less than 0.05 was accepted as significant.

The findings

The average age of the patients was 36 changing between 22 and 54. 21 of the patients (78%) were married. The time between last sexual relationship or masturbation and

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