Letters to the Editor

Cysticercus itself, which appears as an oval or round well-defined cystic lesion with an eccentric echogenic scolex in it. The fourth ultrasound appearance is that of calcified cysticercosis. These appearances on high-resolution sonography are pathognomonic of cysticercosis, and a definitive diagnosis can be made with greater confidence and patient can be managed conservatively. Therefore, with the help of non-invasive high-resolution sonography such subcutaneous and intramuscular cysticerci can be accurately diagnosed without need of invasive biopsy or fine needle aspiration cytology (FNAC). Further, the diagnosis of sonography findings can be confirmed with therapeutic response as was also done in our cases.

By this report, we want to make the dermatologists and surgeons aware of high-resolution sonography as an important non-invasive tool for the proper diagnosis and management of subcutaneous/intramuscular swellings.

Amit Mittal, Sanjeev Gupta, Sunita Gupta, Vinod Mehta
Departments of Radiodiagnosis, Dermatology and Medicine, MM Institute of Medical Sciences and Research, Mullana, Ambala, India

Address for correspondence: Dr. Amit Mittal, H. No. E-3, MM Medical College Residential Campus, Mullana, Ambala - 133203, Haryana, India. E-mail: amitmittalrad@yahoo.co.in

REFERENCES

Urticaria and masturbation

Sir,
We read with interest an article by Ghiya et al. on masturbation and urticaria. Authors describe a 30-year-old, married male with a history of recurrent itching, redness and swelling on the penis 1–5 min after masturbation for the last three months. These lesions persisted for 4–6 h after which they gradually disappeared on their own accord within 24 h.

Dermographism is the most common mechanical type of physical urticaria, affecting 2–5% of the population. Stroking of the skin with a tongue blade elicits linear wheals within a few minutes. Individual hives may last 30 min to 2 h. In one case series, dermographism could be exacerbated by hot water, emotion, exercise or cold exposure.

Delayed-pressure urticaria can occur after application of pressure to the skin. It most commonly affects the palms, soles and buttocks and can be disabling. It can be diagnosed by hanging a 15-lb weight across the shoulder while walking for 20 min. Author has devised a simple test to diagnose delayed pressure urticaria.

In a study vitiligo and chronic urticaria groups experienced significantly more difficulties in sexual arousal and higher failure in attaining and maintaining the lubrication-swelling response of sexual excitement until the completion of sexual act than did controls. This study demonstrated that chronic skin diseases such as vitiligo and chronic urticaria have negative impacts on sexual life. Ghiya et al. report a patient who found masturbation to be more satisfying than normal vaginal intercourse points toward difficulties in sexual arousal.

Sites that have reacted to pressure have been found refractory to an additional pressure stimulus for at least 24–48 h. This could be tested in the patient by asking him to reproduce lesions within 24–48 h. Authors report lesions appearing within 1–5 min is atypical for delayed pressure urticaria (DPU); however, lesions lasting for 4–6 h fits in to signs of DPU. Authors have not performed simple tests to diagnose physical urticaria. Lesions lasting for 4–6 h after masturbation suggest that it could be manifestation of delayed pressure urticaria. Authors also mention that the urticaria probably arises due to unusual and unnatural friction and pressure during masturbation as compared to natural vaginal intercourse. Similar friction and pressure should induce redness and swelling at other places of the body. Emotions could also play a part in eliciting these lesions. We feel that this could be a manifestation of delayed pressure urticaria and tests for delayed pressure urticaria could help to find cause of this unusual presentation.
K. V. Godse

Shree Skin Centre, 22, L Market, Sector 8, Nerul, Navi
Mumbai-400706, India

Address for correspondence: Dr. K. V. Godse, Shree Skin Centre, 22, L market, Sector 8, Nerul, Navi Mumbai-400706, India.
E-mail: drgodse@yahoo.co.in

DOI: 10.4103/0378-6323.55405 -

REFERENCES