

Sir,

## Auto-amputation of the penis in HIV infected patient

### *Penile glandular erosion in HIV infected patient*

In the tropics, the diagnosis of genital ulcers is usually based on clinical grounds because of inadequate laboratory facilities. This practice is often unreliable even in the hands of experienced clinicians [1,2]. We present a 25-year-old graduate who was seen on October 28, 1991 with 8-weeks history of blisters of the shaft and glans penis, following sexual intercourse with commercial sex workers. The blisters ulcerated three-weeks after onset, forming eroding ulcer which was initially painless. On examination, the penis was almost amputated, with the soft ragged remnants of the glans penis attached to the proximal stump by a tag of tissue (Fig. 1). An opening at the right lateral aspect of the proximal stump served as exit for urine. There were discrete non tender bilateral inguinal lymphadenopathy.



Fig. 1

The patient was seropositive to HIV 2 (ELISA & WESTERN BLOT), while the other laboratory tests such as DGM for Treponemes, VDRL, culture for *Haemophilus ducreyi*, ELISA assay for *Chlamydia trachomatis* were negative. Management was with sitz bath, EUSOL dressing and tetracycline. Six months after presentation, the patient developed chronic diarrhoea, weight loss, oral thrush and died.

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Genital ulcers increase the risk of transmission of HIV and more patients with genital ulcer are positive for HIV antibody than those without [3,4]. In a person with both infections such as the patient presented, it is generally not possible to determine if the genital ulcer disease preceded HIV infection because the history and subsequent laboratory studies provided no information on the temporal sequence of events. The probable explanation in this case is that:- (i) In view of the negative laboratory results, the patient is most likely to have HIV infection manifesting as genital ulcer disease, as documented in other areas of Africa [5], or (ii) since it is known that among people infected with an STD, HIV infection changes the clinical course of the STD, this patient has had increased severity of the necrotizing ulceration of Chancroid, facilitated by immunosuppression of HIV infection. Hence the glandular erosion of the penis.

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