

Case Report

Irritant dermatitis and postinflammatory depigmentation following application of 'sexual massage oils' - a case report

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Abstract There has been a new hard selling product in the Southeast Asian market - the so called 'sex massage oil'. A variety of such preparations are available freely and are claimed to have sex-augmenting properties. Various effects are claimed upon usage, ranging from enlargement of the male organ to substantial increases in intercourse time. Also is claimed, that, these products being 'herbal' have no side effects. These attractively packaged oils are sold over the counter in large volumes to the unsuspecting public. We present here a case of a young man who suffered from chronic irritant dermatitis from usage of the same. We believe this to be the first case report where irritant dermatitis had resulted from usage of such 'sex massage oils'.

Key words

Sex massage oil, postinflammatory depigmentation, chronic Irritant dermatitis.

Introduction

The Southeast Asian market has been flooded with a relatively new sexual gizmo - the so called 'sex massage oil'. An assortment of such preparations, containing mixtures of chemicals from questionable sources are available freely and are claimed to have sex-augmenting properties on massage onto the penis. Various effects are claimed upon usage, ranging from enlargement of the male organ to substantial increase in intercourse time. Though the claims remain unsubstantiated, these attractively packaged oils are sold over the counter in large volumes to the unsuspecting public, who either out of need or simply out of curiosity purchase and use these 'herbal' medicines.

These potions are however, not without side effects in contrast to what is claimed - as the present case suitably illustrates.

Case Report

A 32-year-old man presented to the clinic with complains of a discolored area and ulceration on the upper part of the penis. He could recall that he had been using some 'sexual' massage-oil which he had procured from a local chemist shop, for the last few weeks.

In the beginning he had been having a burning sensation on the penis after massage. However, when he checked with the chemist shop, they assured him that it was normal and would lessen subsequently. He continued to use this preparation; however he was not sure about its benefits. What he was sure about was that the irritation on application had not diminished and a coin-shaped area on dorsal penis had become progressively glazed, reddish and somewhat

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Figure 1 The area of depigmentation surrounding a small ulcer and telangiectasia with erythematous background.

light in color.

There was no prior history of any other application, medicine intake preceding the event, nor there any history of previous similar episodes. There was no history suggestive of pre-existing dermatoses or of atopy in the family. His sexual partner on the other hand, had had no problem.

Examination of the genital area (**Figure 1**) revealed a sharply demarcated depigmented erythematous area on the proximal part of the penile shaft. The skin on close examination was slightly scaly with telangiectasias and a small ulcer in the centre with a raw floor. The area was tender to the touch. Examination of the other mucosal surfaces and other areas of the body, nails and hair was non-contributory, and so was examination of the systems. Complete blood count, swab cultures were within the normal limits. Patch testing subsequently done with the diluted preparation, was negative.

Based on the history and clinical findings, we concluded that the patient had postinflammatory depigmentation resulting from chronic irritant dermatitis attributable to application of the massage oil.

We explained the situation to the patient and counseled him to refrain from similar application in the future. We advised cetirizine to be taken daily and mupirocin ointment to be applied twice daily.

At the last follow-up, the patient had improved.

Discussion

The massage oils in question mention the names of various herbal extracts as constituents. However, the actual components have never been determined by chemical analysis.

Irritant contact dermatitis (ICD) is a disease with multi-factorial causation where both exogenous (irritant and environmental) and endogenous (host) factors play a role.¹ Exogenous factors are the type of the irritant, cutaneous penetration of the irritant, and other exposure related factors. The endogenous factors, on the other hand are presence of atopy, skin permeability, individual susceptibility factors. The common causes of ICD include cosmetics, topical medicaments, degreasing agents, detergents amongst others.¹

The clinical type of ICD may vary as: acute ICD, delayed ICD, irritant reaction, chronic ICD, traumatic ICD, acneiform ICD and so on.¹ The patient with ICD may present with a sensation of burning, itching and stinging while clinical examination may reveal erythema, ulceration, hyper and hypopigmentation, folliculitis, miliaria and so on.¹

The present patient had chronic irritant dermatitis from the penis-massage oil probably resulting from repeated applications. The clinical findings including the sharply-demarcated depigmentation, erythema and the small well-defined ulcer in the middle, apart from the typical clinical presentation, all attest to the same.

Conclusion

The present case serves to illustrate the abuse potential of these preparations and the potential side effects related to it. The authors had previously described the case of a young woman who suffered from acute dermatitis² from contact with similar agents. This and the present case may as well be the tip of the iceberg; there may be a considerable population using these oils unaware of the possible adverse effects. Authorities should be alerted regarding the distribution and sale of these products.

The present case, to the best of our knowledge is the first report in the literature, of post

inflammatory depigmentation and chronic irritant dermatitis due to 'sexual massage oil'.

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