
Angiokeratoma of Fordyce as a Cause of Red Scrotum

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Two men presented with asymptomatic diffuse redness of the scrotum. Examination showed angiokeratoma of Fordyce (AF), an associated finding. In our practice, AF and diffuse scrotal redness co-occur in 50% of patients. Providing reassurance to the patient is appropriate if this clinical link is detected.

Angiokeratoma of Fordyce (AF) most commonly occurs as multiple 1- to 4-mm purplish red or blue papules of the scrotum. These papules may extend to the penis and, less commonly, to the upper thighs and abdomen. Similar lesions may occur on the vulva. AF is most common in the elderly but has occurred even in teenagers.¹ Histologically, the lesions are characterized by ectasia of superficial dermal blood vessels and hyperkeratosis.

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Although usually asymptomatic, AF may be associated with itching and soreness.¹ Several cases in which patients presented with spontaneous bleeding have been reported.¹⁻³ We do not know of any reported cases of patients who had AF and who presented with a red scrotum.

Case Reports

Patient 1—The chief complaint of this 57-year-old man was a diffusely red but completely asymptomatic scrotum. He said that his scrotum had become increasingly red over a number of years. He did not mention the many associated 1- to 2-mm purple papules that were later found on examination. The patient was relieved when he was informed that the redness was a benign finding associated with AF.

Patient 2—The chief complaint of this 26-year-old man was also a red scrotum. Physical examination showed scrotal redness due to a confluence of telangiectases associated with AF. A thorough explanation regarding the nature of this asymptomatic redness failed to alleviate the patient's



Angiokeratoma of the scrotum accompanied by generalized redness secondary to dilation of the superficial vessels.

concern, and he began searching for alternative explanations for the discoloration.

Comment

Both patients presented with a primary complaint of asymptomatic redness of the scrotum. Physical examination showed AF associated with redness due to a confluence of telangiectases. The scrotum was not tender or edematous and had no epidermal changes.

In previous cases, Dr. James had noted the diffuse redness often accompanying angiokeratomas of the scrotum or vulva. Review of clinical photographs of patients who had AF and who were evaluated by Dr. James showed that approximately 50% of these patients also had diffuse redness of the scrotum or vulva. The Figure shows a representative case.

Most patients with AF present with complaints about the purple papules. As described in our case reports, however, scrotal redness may be the presenting complaint and a cause of great concern to the patient. The physician may reassure the patient that the redness is caused by a confluence of telangiectases and that it is a benign and common finding associated with the purplish papules of AF.

REFERENCES

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