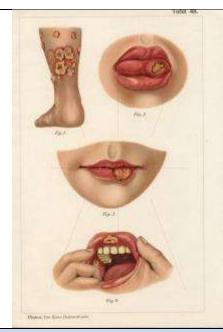
397 XX. DISEASES OF THE MALE GENITAL SYSTEM

Chancr	:e	
Penis:	Shows a hard chancre (Hunterian).	
	The chancre:	 At the junction of glans-penis with prepuce (close to corona) Is solitary and moderate in size (2 x 1 cm.) Button-like in shape Is superficial with sharply-defined raised periphery With a flat base and almost clean floor
		 With a flat base and almost clean floor Greyish-reddish in colour
		 Very firm in consistence (indurated)

N.B.:

- The chancre
- The characteristic primary lesion of syphilis
- Appears within **2-6 weeks from** (and at the site of) inoculation with Treponema pallidum,
- i.e.: on
 - o Prepuce,
 - o Glans penis,
 - o Around urethral orifice (or within it),
 - On body of penis or
 - o On skin of scrotum.
- At first, the chancre is dull beefy-red then it becomes glazy, coppery and often with a slight serous exudate.
- It is painless, and is associated with moderately, large, shotty, hard, non-suppurating draining **lymph nodes**; and, without systemic manifestations.







Bilharziasis

Penis:

- Is swollen and thickened (in general)
- The swelling is marked in the glans and body whereas a groove (collar-like) appears at the site of scarring formed after circumcision
- The swelling is due to hard oedema
- Some evidence of scarring
- A fistulous opening appears just behind the glans
- A fistulous track lies at the ventral aspect of the anterior distal portion

Consistence:

• Hard in most parts; soft in few parts

Scrotum:

Is swollen and shows a false appearance of elephantiasis

N.B.1:

- In Bilharziasis of the penis the early and chief implication is in the glans and prepuce →a characteristic bulbous swelling of the distal end of the penis including the first part of the urethra → pitting or/and scarring of glans.
- The Bilharzial infiltration when marked \rightarrow lymphatic obstruction \rightarrow hard oedematous swelling. Later still, the body of the penis and even the perineum may be involved.
- The subcutaneous tissue of the penis and scrotum → swollen, oedematous and may show many fistulae (the oedema in the penis is solid and hard, whereas, that in the scrotum is rather soft and silky).
- It is the presence of urinary fistula which may offer a helpful evidence for the implication of the male genital organs with Bilharziasis including infiltration of the mucous membrane of the urethra and its neighborhood → fistulous tracks.

N.B.2:

Bilharziasis of the penis and penile urethra:

- This is usually an extension of vesical Bilharziasis and is common in young adults.
- The B. ova, and bilharziomata as well as the diffuse bilharzial granulation tissue are found in the submucosa → bilharzial tubercles, sandy patches and ulcers.