

Angiokeratoma of the scrotum: a case of scrotal bleeding ►

We present a 26 year old man who presented with a spontaneous 30 minutes bleed from his scrotal skin. He was otherwise asymptomatic and denied any past medical history and was exclusively sexually active. He was systemically well and haemodynamically stable. He was noted to have numerous (>100) 1 to 2mm dark red, erythematous papules over the scrotum, sparing the shaft of penis, inner thigh and abdomen. A small area of blood marked the bleeding spot as a single papule. A diagnosis of angiokeratoma of the scrotum

(Fordyce) was made and potential precipitants excluded. These include intra-abdominal masses, urinary tract tumours, varicoceles, hernias and Angiokeratoma corporis diffusum (Fabry syndrome). He was discharged with dermatology follow-up with a view to local laser treatment. The important differential diagnoses are angiokeratoma corporis diffusum and malignant melanoma (nodular type). In females, Fordyce angiokeratoma are distributed on labia majora.

▲ Trickett R, Dowd H. Angiokeratoma of the scrotum: a case of scrotal bleeding. *Emerg Med J* 2006;23:e57. <http://emjonline.com/cgi/content/full/23/10/e57> doi: 10.1136/emj.2006.038745.

IMAGES IN EMERGENCY MEDICINE.....

Localised pneumothorax

An 83-year-old man with known chronic obstructive airways disease presented to the accident and emergency department with increased shortness of breath. A portable AP chest radiograph showed a large localised pneumothorax of the right lower and mid-zones with areas of associated collapse. A chest drain was inserted and the patient subsequently improved. Localised pneumothoraxes are rare and can often be missed on standard anterior posterior or posterior anterior radiographs if located posteriorly. Obstructive lesions of the bronchi should be considered as a potential cause.

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Competing interests: none declared

doi: 10.1136/emj.2006.036061



Figure 1 Chest radiograph on admission.

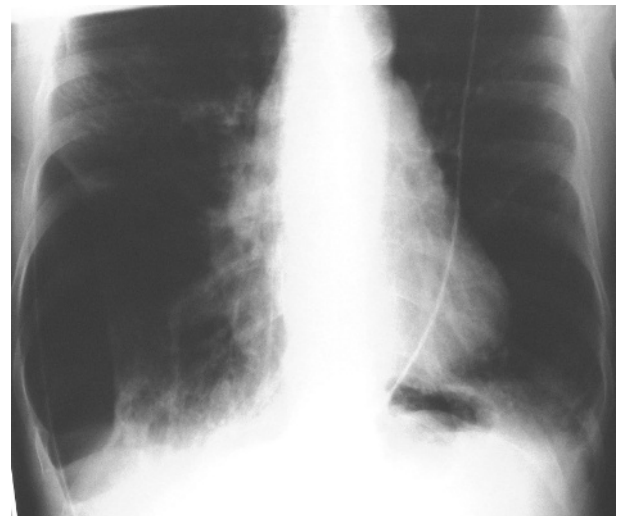


Figure 2 Chest radiograph post-pleural drainage.