

Tysonitis- due to a possible non-venereal infection

Introduction

Tyson's glands are modified sebaceous gland and vestigial in human beings. They secrete smegma and situated on either side of frenum of prepuce. Smegma secretions are more active during adolescence and young adult stages and as age advances the Tyson's gland secreting activity slowly ceases.¹ Tysonitis though mentioned in all text book of Sexually transmitted diseases as a complication of Gonorrhoea and nongonococcal genital infection, it is comparatively rare one.²⁻⁵ It may occur when the prepuce is long and hygiene is faulty.² Tysonitis was not reported in the absence of obvious urethritis or any sexually transmitted infections.⁶⁻⁸ So it will be of interest to any clinician who cares about genitals and reproductive health.

Case report

A 54 year old man came with a complaint of pain and sore over the penis for two months. He was treated by two urologists with antimicrobial tablets and creams without any improvement prior to his visit to me. He had his extramarital contact 21 years back and marital contact 5 years back. There was no recent sexual activity as per his words. On examination, he was uncircumcised. A balanitis was present over the dorsal aspect of glans penis (Figure 1). Apart from that, a bead of pus was noted over the Tyson's gland near frenum on the right side. Mucosa adjacent to the opening is reddish and slightly swollen and tender. His blood sugar was within normal limits as well as other routine examinations (Figure 2). Serological test for syphilis and HIV were nonreactive. Gram's stain smear from the pus showed only few gram positive cocci and few gram negative bacilli. No growth was found on culture the material. Patient was treated with Injection Ceftriaxone 500 mg intramuscularly daily for 7 days along with Tablet Azithromycin 1 gm as a loading dose followed by 500mg bid for 7 days. Within three days after the treatment signs of inflammation reduced and no pus came out. Pain and balanitis subsided completely after 7 days (Figure 3).



Figure 1 Mild Balanitis.



Figure 2 Tysonitis: Exhibiting pus from the Tyson's opening and signs of inflammation adjacent to the opening.

Special Issue - 2018

Murugan Sankaranantham

Department of Dermatology, Venereology and Leprosy, India

Correspondence: Murugan Sankaranantham, Professor and Head, The Department of Dermatology, Venereology and Leprosy, Sree Mookambika Institute of Medical Sciences, Kulasekharam Kanyakumari District, Tamilnadu India, Tel + 91 9443257994, Email murugan2mala@gmail.com

Received: February 19, 2018 | Published: November 30, 2018

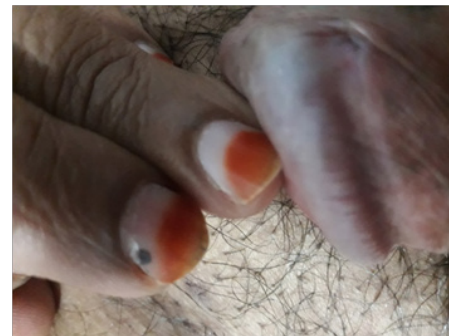


Figure 3 Response to treatment: Absence of pus and signs of inflammation.

Discussion

Only few cases of Gonococcal Tysonitis had been reported.⁶⁻⁸ Tysonitis, as a complication of Gonococcal and nongonococcal infections, is rare compared to other types of complications like epididymitis, orchitis, prostatitis and paraurethral duct infections.² If duct got obstructed Tyson's abscess can occur without any pus coming out but with much pain.⁴ Here in this case, history was not contributory towards recent sexually transmitted infections. Gonococci could not be demonstrated in smear and test for Chlamydia in blood was negative. No growth in culture from the pus. Tysonitis due to nonspecific bacterial infection is a possibility. Such a complication with a non STD infection was not reported as far as the survey conducted. Balanitis also cleared with the same treatment and frequent washing. Balanitis in this case could be due to irritation of pus. One has to suspect of the possibility of Tysonitis, even in the absence of sexually transmitted infections.

Conclusion

Tenderness over genitals cannot be ignored and unusual conditions such as Tysonitis also can be an etiology which can be suspected only when we are aware about the same.

Acknowledgment

None.

Conflict of interest

None.

Consent form

consent letter received from the patient

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