



Fig. 1. Hyperkeratosis and unbitten nails of the left hand.

diffident he was judged to be of normal intelligence, and no specific stress factors could be isolated. Intensive, active physiotherapy resulted in the limb returning to normal within 2 weeks. To date, 9 months later, there has been no relapse.

DISCUSSION

Twenty years ago MacAlpine & Ross (1) drew attention to Charcot's description of *Oedeme Bleu des Hystérique*. He observed that oedema, coldness and altered sensation characterized the disorder. Perhaps the most characteristic feature of hysteric sensory loss is that neurological impairment corresponds to the patient's ideas of anatomy, rather than his Doctor's. The prognosis is generally poor. Our patient manifested sensory inattention rather than loss. He was co-operative, pleasant and sensible, and could not be described as having an hysterical personality. The vascular changes were far more prominent than the neurological signs. In all, three limbs were involved and although initially embolism or vasculitis were possibilities, these diagnoses were not confirmed.

We believe that this patient has periodic functional disuse of limbs. A term which best describes his symptoms and their development. Functional disuse of a limb should be recognized as a cause of oedema, cyanosis and hyperkeratosis—and a cause which is amenable to simple treatment with active physiotherapy.

REFERENCE

1. MacAlpine, I. & Ross, J. P.: *Oedeme Bleu*. *Lancet*, i: 78, 1956.

Oral Injury Caused by Fellatio

Nils Worsaae and Birgitte Wanscher

Department of Oral Medicine and Oral Surgery and
Department of Dermatology, University of Copenhagen,
Rigshospital, DK-2100 Copenhagen, Denmark

Received September 13, 1977

Abstract. A 34-year-old Caucasian woman is presented with a circular hemorrhagic lesion located on the soft palate and caused by fellatio. The lesion consisted of erythema, petechiae, dilated blood vessels and vesicles. It healed in a few days. No evidence of the major clinical alternatives such as thrombocytopenia, venereal disease, candida infection or pathomimia were found. Injuries due to fellatio must be considered as an etiological factor to hemorrhagic changes of the oral mucosa, and with a positive history, patients can be spared from other investigations.

Key words: Fellatio; Oral lesion; Palatal purpura

Lesions of the oral mucosa due to orogenital contact are reported to be mostly caused by venereal diseases (3, 10). Physical consequences of oral sexual practice are rarely mentioned, but even in 1928, Barthélemy (1), and in 1949, Rattner (8) reported on "A strange case of palatitis". Since then, further attention has been focused on the association be-

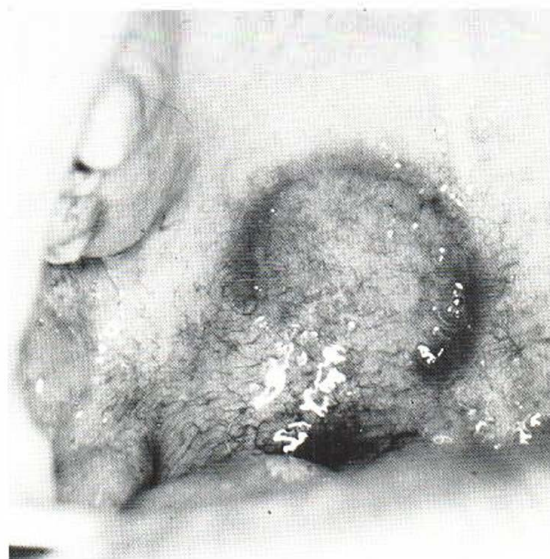


Fig. 1. Purpuric and erythematous lesion of the soft palate. Note petechiae and dilated blood vessels.

tween non-infectious oral lesions and the practice of fellatio (2, 5, 9).

With the increasing changes in sexual habits we find it appropriate to add our case to the sparse literature.

CASE REPORT

A 34-year-old Caucasian woman was referred to the hospital under the diagnosis granuloma annulare oris o.p. The only complaint was dryness of the throat, which a few days earlier had led to observation of the affection.

Physical examination revealed that the woman was in good health. On the soft palate, a well-demarcated, almost circular lesion was found, about 3 mm broad and with a diameter of 2 cm. The lesion was slightly elevated and consisted of erythema, petechiae and vesicles (Fig. 1). The lesion and the surrounding mucosa had dilated blood vessels. No adenopathy was found. Cultures for gonorrhea and *Candida* were negative. The syphilis serology was negative.

On direct questioning the patient admitted that she had been practising fellatio the day before the lesion appeared. All signs regressed within a week.

DISCUSSION

Our case does not differ from other cases reported (1, 2, 5, 8, 9), except for the annular configuration. The characteristic clinical features are erythema, purpura, and the localization to the soft palate. The lesion is painless and without ulcerations and lasts for 1–2 weeks.

The cause of the hemorrhages is not verified, but it has been suggested (2, 5, 9) that it may be a combination of a direct traumatic action with a negative pressure produced at the point of contact at the soft palate.

Clinically, hemorrhagic disorders, or streptococcal or viral infections should be considered, but in such cases there will be other symptoms and the general condition will be affected. Venereal disease might cause similar lesions (6), but ulcerations are

much more frequent (3, 6, 10). Palatal purpura following sucking habits are located mostly to the hard palate, but may cause confusion (7).

Compared with the frequent practice of orogenital sexual contact (4), the incidence of the associated oral lesions seems to be low. This is supported by the fact that among the patients having attended our departments, this patient is the first case observed, and the lesion is not easily overlooked.

Nevertheless, fellatio must be included as an etiologic factor of erythema and purpura of the oral mucosa. With this in mind, the patient might be spared time-consuming and unnecessary laboratory investigations, biopsies, and anxiety.

REFERENCES

1. Barthélemy, R.: Une affection vénérienne peu banale: Le purpura vélo-palatin "a vacuo". *Ann Malad Vénér* 23: 451, 1928.
2. Farman, A. G. & Wyk, C. W. van: The features of non-infectious oral lesions caused by fellatio. *J Dent Ass S Afr* 32: 53, 1977.
3. Fiumara, N. J.: Oral lesions of gonorrhea and syphilis. *Cutis* 17: 684, 1976.
4. Gebhard, P., Raboch, J. & Geise, H.: The Sexuality of Women. Andre Deutsch, London, 1970.
5. Giansanti, J. S., Cramer, J. R. & Weathers, D. R.: Palatal erythema: Another etiologic factor. *Oral Surg* 40: 379, 1975.
6. King, A. & Nichol, C.: *Venereal Diseases*, ed. 2, p. 24. Ballière, Tindall & Cassel, London, 1969.
7. Pedersen, N. G., Roed-Petersen, B. & Bertram, U.: Patomimi af den palatinal og linguale mucosa. *Tandlægebladet* 78: 441, 1974.
8. Rattner, H.: A strange case of palatitis. *Arch Derm Syph* 60: 624, 1949.
9. Schlesinger, S. L., Borbotsina, J. & O'Neill, L.: Petechial hemorrhages of the soft palate secondary to fellatio. *Oral Surg* 40: 376, 1975.
10. Schmidt, H., Hjorting-Hansen, E. & Philipsen, H. P.: Gonococcal stomatitis. *Acta Dermatovenere (Stockholm)* 41: 324, 1961.