

## CASE REPORT

# Fellatio-associated erythema of the soft palate: an incidental finding during a routine dental evaluation

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## SUMMARY

Oral lesions can have widely variable aetiology, hence, the importance of a comprehensive history and oral examination. We describe the case of a 47-year-old man who presented with an incidental erythematous lesion of the soft palate. The diagnosis was established during a routine dental examination. We found the lesion to be associated with the practice of fellatio. Oral sex is a very common sexual practice, and as clinicians we should consider it as a potential cause of palatal lesions in our differential diagnosis. This should also raise our suspicion for sexually transmitted diseases in high-risk patients.

## BACKGROUND

A wide range of palatal lesions can be found during oral exploration and they may have different causes. Therefore, it is important to obtain a detailed history and comprehensive oral examination.

Lesions of the palate commonly present as ecchymosis, erythema, purpura and petechiae. Their origin is multifactorial and may include trauma, infection and systemic disease.<sup>1,2</sup>

Fellatio is defined as the stimulation of a man's penis by a partner's mouth by sucking or licking, although it can be undertaken by adults of any gender. This practice has become very popular, particularly among young people, because it is considered safer than regular sex.<sup>3</sup> The contact of the palate with the penile glands may cause a

haematoma due to blunt trauma and dilatation of the blood vessels because of the negative pressure created while sucking.<sup>4-7</sup>

Considering these facts, it is important to know that oral sex can affect the oral mucosa and increase the risk of sexually transmitted infections, such as HIV, syphilis and human papillomavirus.<sup>8,9</sup>

## CASE PRESENTATION

A 47-year-old man with a history of type 2 diabetes mellitus presented to the dental clinic after noticing a fractured composite restoration. While examining the oral cavity we found a circular-shaped erythematous lesion with a clear centre on the patient's soft palate. The patient was asymptomatic and unaware of the lesion. An ethical interview and a detailed medical history were performed. The patient acknowledged the use of marijuana and cocaine as well as being sexually active with men. His sexual activity included the practice of oral sex, with the last instance being 3 days prior to this visit. He reported a recent negative rapid HIV test. With this information, we concluded that the erythema on the soft palate was associated with the practice of oral sex (figure 1).

## DIFFERENTIAL DIAGNOSIS

The aetiology of oral lesions, including fellatio-related lesions, can differ; therefore, other haemorrhagic lesions must be ruled out. The differential diagnosis for such lesions includes:<sup>10</sup>

- ▶ Blood dyscrasias.
- ▶ Capillary fragility.
- ▶ Blunt trauma.
- ▶ Suction.
- ▶ Playing a wind instrument.
- ▶ Upper respiratory infections.
- ▶ Infectious mononucleosis.
- ▶ Tumours.
- ▶ Anticoagulant therapy.

## TREATMENT

Once the diagnosis has been made, the treatment consists of supportive care and reassurance of the patient that these lesions will resolve spontaneously.<sup>11</sup>

## OUTCOME AND FOLLOW-UP

The follow-up after 7 days showed a decrease in the redness of the palatal lesion (figure 2); 15 days after the diagnosis was established, the lesion completely



**Figure 1** Lesion on the soft palate.



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**Figure 2** After 7 days from the diagnosis.

resolved (figure 3). A biopsy is not required and is not recommended unless the lesion does not resolve, raising suspicion of a different aetiology.

## DISCUSSION

Research on this particular topic is very limited. The largest study, which took place in Peru, included 132 sex workers. Each participant underwent a comprehensive oral examination for the purpose of screening for the presence and frequency of fellatio-related lesions on the oral mucosa. The study found that only 17 sex workers had fellatio-related lesions on the oral mucosa, while the rest did not have any type of injury. In order of frequency, the lesions included petechiae, erythema and ecchymoses. These findings established a low frequency of fellatio-related lesions on the oral mucosa.<sup>12</sup>

Oral sex has become a common practice in our society; therefore, it is pertinent to consider this practice as a potential cause of oral lesions, particularly on the palate. It is important to obtain a comprehensive history and a detailed oral examination.<sup>13</sup> In



**Figure 3** Resolution of the lesion.

## Learning points

- ▶ Findings during oral examination may not be related to the chief complaint and this could change the management.
- ▶ Palatal lesions may be the result of fellatio practiced by the patient.
- ▶ A comprehensive history and detailed oral examination is essential to obtain an accurate diagnosis.
- ▶ A major responsibility of the dental care professional is to educate the patient.

high-risk patients, we should consider the possibility of sexually transmitted disease. As healthcare professionals, it is our responsibility to provide counselling and reassurance to all patients presenting with these lesions, particularly those undertaking high-risk sexual behaviour. Diagnosis, treatment and prevention can only be achieved by an exhaustive and detailed medical history, an ethical and trustful interview with the patient as well as an oral examination. Ancillary studies should not be obtained unless the patient is symptomatic, the lesion does not resolve or there is a high suspicion of sexually transmitted or other systemic disease.

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