



MUCOSAL DISEASES (ORAL, ANOGENITAL), EXTERNAL EYE DISEASE

## FIRST INTERDISCIPLINARY MALE GENITAL DERMATOSES UNIT (URODERMATOLOGY) IN LATIN AMERICA: 2 YEARS OF EXPERIENCE.

J Navarrete<sup>(1)</sup> - J Hernández<sup>(2)</sup> - P Kutscher<sup>(1)</sup> - V Oberti<sup>(1)</sup> - D Fiorella<sup>(2)</sup> - F Cimarra<sup>(2)</sup> - A Martínez<sup>(2)</sup> - A Arrillaga<sup>(3)</sup> - R Della Santa<sup>(1)</sup> - A De Cunto<sup>(1)</sup> - M Vola<sup>(1)</sup> - L Martínez<sup>(2)</sup> - C Agorio<sup>(1)</sup>

Hospital De Clínicas "dr. Manuel Quintela", Dermatology, Montevideo, Uruguay<sup>(1)</sup> - Hospital De Clínicas "dr. Manuel Quintela", Urology, Montevideo, Uruguay<sup>(2)</sup> - Hospital De Clínicas "dr. Manuel Quintela", Dermatology, Montevideo, Uruguay<sup>(3)</sup>

**Introduction:** In 2016 we created a weekly interdisciplinary unit, collaborating with urologists for the evaluation of male genital dermatoses in Montevideo. Contrary to expectation, a lower percentage corresponds to STI. The presence of prepuce is linked to most genital dermatoses. Experience in Latin America, where postectomy is not routinely indicated, is limited.

**Objective:** To evaluate the epidemiological and diagnostic characteristics of the first 125 patients treated in our "Urodermatology Unit".

**Materials and Methods:** Observational, descriptive and prospective study. All patients attended from the beginning (July 2016) to August 2018 were included. The data were recorded in spreadsheets, and processed confidentially, with their consent.

**Results:** 125 patients in 2 years and 2 weeks. Median age: 43 years (range: 15-87). 89% were non-postectomized. 30% lived outside of Montevideo. 22% came from other hospitals. The main services that referred patients were: Emergency (46%), Urology (26%), Dermatology (18%), Internal Medicine (5%), others (5%). 67% were non-STI, 30% STI, and 3% had both. Among the former, the most frequent were: Contact dermatitis and balanoposthitis (20.8%), lichen sclerosus (18.4%), invasive or in situ carcinoma (4%), Zoon balanitis (2.4%), lichen planus (1.6%), lichen simplex chronicus (0.8%), psoriasis (0%).

**Conclusions:** Our data regarding age, referral specialties, and diagnoses are similar with international reference centres. The main difference was the high amount of STIs seen in our Unit versus other Clinics (3.8-9%). Most of these should be referred to general dermatology or managed at the first level of care. The number of postectomized men in our sample (11%) was notoriously lower than in other centres (18-25%), attributable to cultural reasons. Genital psoriasis is handled at the "Psoriasis Clinic" in our hospital. We have





created a pioneering centre and regional leader in male genital dermatoses. Interdisciplinary evaluation has been essential, providing integral care, training and research.

