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### Gastrointestinal obstruction associated with *Chlamydia trachomatis*

I read with great interest the recent report of Pegg and Owen regarding small bowel obstruction associated with *Chlamydia trachomatis*.<sup>1</sup> I would like to point out, however, that this phenomenon was first suggested in a similar case report in 1987,<sup>2</sup> and recently included in a review of abdominal pain syndromes caused by chlamydial infections.<sup>3</sup>

While both cases<sup>1,2</sup> presented clinical, historical and serologic evidence of a chlamydial aetiology for the small bowel obstruction, the report of Pegg and Owen additionally demonstrated *C trachomatis* in the genital tract by ELISA testing.

The women in both reports had no genital tract complaints at the time of presentation, and their fallopian tubes appeared normal. Both of these cases strongly suggest that infection with *C trachomatis* may result in small bowel obstruction, and that pelvic symptoms may not be temporally associated with the abdominal disease.

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### Value of performing biopsies in genitourinary clinics

We read with interest the recent letter in your journal concerning the value of

performing biopsies in genitourinary clinics.<sup>1</sup>

Men with abnormalities of the skin of the penis frequently present to genitourinary physicians, who must therefore also be skilled in dermatology. This is particularly so in the light of the probable re-definition of our specialty as "dermato-venereology" in the unified post-1992 European Community.

In order to assess the specific dermatological problems encountered by a busy genitourinary medicine clinic, we set up an internal clinic for penile dermatoses. The criteria for referral were a penile dermatosis of uncertain diagnosis for which the clinician thought that a biopsy might prove helpful. The technique used was that of local anaesthesia followed by skin snip biopsy. All patients were thoroughly counselled before the procedure, which was generally regarded by the patient as not being as traumatic as initially envisaged.

Over a period of two months a total of 18 biopsies were performed with the following histopathological results: 5 nonspecific dermatitis, 3 viral warts, 3 lichen sclerosus et atrophicus, 2 lichen planus, 2 symptomatic subclinical papillomavirus infection, 1 granulomatous disease (currently undergoing investigation) and 1 trauma (probable dermatitis artefacta). Although only a small sample was taken, typically 0.5 mm in diameter, in only one case did the biopsy prove non-diagnostic.

It can be seen that in 11 out of 18 of cases, a specific diagnosis was able to be made for which a management plan could be devised. We would draw particular attention to the diagnoses of lichen sclerosus et atrophicus (LSA). Not only are there multiple names for the same histopathological condition (LSA, balanitis xerotica obliterans and kraurosis vulvae), but the malignant potential of this common<sup>2</sup> condition remains undefined and a standard text<sup>3</sup> suggests six to twelve monthly follow-up for life.

Despite the longstanding combination of the specialties of dermatology and venereology on the continent, the literature on genital dermatology is scant. The three specialties of genitourinary medicine, dermatology and urology have overlapping interests in penile cutaneous disorders, but rarely have in-depth knowledge. Unlike the vulval cutaneous disorders,<sup>4</sup> for exam-

ple, there is no standard textbook in the English language on penile dermatoses. Furthermore, confusions still exist over relatively common disorders, as described above. It is thus important to develop and improve lines of communication between genitourinary physicians, dermatologists and histopathologists at regular audit meetings.

We would therefore wholeheartedly agree with the conclusion of Drs Arumainayagam and Sumathipala that penile biopsy is a very useful diagnostic procedure in the setting of a genitourinary clinic. The more widespread use of this simple and minimally invasive procedure would allow us to gain greater insight into the ill-understood incidence and nature of genital dermatoses.

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### Sexual assault of men: a series

The sexual assault of men has attracted little attention. The report of Hillman and colleagues describes five cases of male sexual assault from two large genitourinary medicine (GUM) departments during an unspecified time period.<sup>1</sup> We suspect their report is not representative of men attending GUM departments after sexual assault and write to report our experience.

During 1989, 10 male patients attended this department reporting penetrative sexual assault by men. They presented four days to one year after the assault and patient details are