

DOI: <https://doi.org/10.33314/jnhrc.v18i3.2764>

# Clinical Scenario of Venerophobia in Patients Presenting in Outpatient Department

Shekhar KC,<sup>1</sup> Manoj Adhikary,<sup>1</sup> Dharmendra Karn<sup>1</sup>

<sup>1</sup>Department of Dermatology, Dhulikhel Hospital Kathmandu University Hospital, Kavre, Nepal.

## ABSTRACT

**Background:** Venerophobia is fear of getting sexually transmitted disease after first or repeated unprotected sexual activities with unsafe or safe partners. This study aims to study the epidemiological profile, varying clinical presentations and spectrum of psychiatric diagnoses among venerophobia patients

**Methods:** A cross-sectional, prospective and observational study was conducted among 72 consecutive patients of venerophobia. Patients with symptoms of fear of sexually transmitted infections were evaluated with relevant history and genital examination. Additionally psychiatric evaluation was done for associated diagnoses. Patients with symptoms and clinical signs of sexually transmitted infections were excluded from the study.

**Results:** A total of 68 male and 4 females presented with the symptoms. The mean age of presentation was  $25.85 \pm 5.15$  years. Most of them were either servicemen (38.8%) followed by students (23.6%). After a mean time of  $11 \pm 10.44$  days of sexual activity, patients developed symptoms. Common presentations were genital papules (25%), slough (22.2%) and genital itchy sensation (15.3%). A total of 23(33.8%) patients visited to commercial sex workers with mean spells of visiting  $3.2 \pm 2.67$  times. Factors as regular use of condom and knowledge of overall STI was lacking; while self investigation and multiple doctor visit was common. Pearly penile papule 18(25%) was the commonest diagnosis made on clinical examination. A total of 43 (59.7%) cases were diagnosed with psychiatric conditions, most common being anxiety neurosis (58.1%).

**Conclusions:** Venerophobia was commonly found to be associated with psychiatric illnesses. A proper anamnesis, genital and psychiatric evaluation of this common entity may prevent misdiagnosis and associated complications.

**Keywords:** Phobia; sexually transmitted infections; venereal

## INTRODUCTION

Improving knowledge towards sexually transmitted infections (STI) has led to increase in STI clinic visits with fear of genital skin and mucosal dermatoses.<sup>1,3</sup> The clinical presentation of such fear can be bizarre ranging from venereal to non-venereal complaints. The psychological spectrum of the presentation may range from anxiety, severe depression, nervous breakdown to suicidal attempts.<sup>4</sup> Macalpine initially described the term “syphilophobia” and “venerophobia”.<sup>5</sup> Among the common non-venereal presentations, pearly penile papules, smegma or contact dermatitis topped the chart.<sup>2,3,6</sup>

The exact incidence of fear of sexually transmitted diseases has less been reported. Despite its diverse manifestations, publications and knowledge regarding venerophobia remains thin among dermatologists or

psychiatrists. This study aimed to gather the clinico-epidemiological profile and its associated psychiatric diagnoses among patients presenting with fear of STI.

## METHODS

A cross-sectional, prospective and observational study was performed among 72 consecutive venerophobia patients who visited the department of dermatology, venerology and leprosy, Dhulikhel Hospital, Kathmandu University hospital from July 2018 to January 2019 with complaints of fear regarding STI following sexual activities. Prior authorization for the study was obtained from the institutional review board (IRB: 42/19). Prior written informed consent was taken from the patient. Detailed history, physical examination and local examination of the genitalia and anal area were performed. History pertaining to presenting complaints, duration, sexual activities, visit to commercial sex

**Correspondence:** Shekhar KC, Department of Dermatology, Dhulikhel Hospital Kathmandu University Hospital, Kavre, Nepal. Email: [drshekharc@gmail.com](mailto:drshekharc@gmail.com), Phone: +977 9841243019.

workers (CSW), contraceptive use or its failure, self-investigation and doctor visit were noted. Patients with obvious symptoms, signs and diagnosis of STI were excluded from the study. Following necessary investigations to rule out STI viz. urine routine and microscopic examination, HIV spot test, HBsAG and rapid plasma reagin (RPR) test; the diagnosis of venereophobia was made. All the cases were reviewed in psychiatry department for associated spectrum of diagnoses.

For all continuous variables arithmetic mean, standard deviation and range were calculated. For all statistical analyses, the Statistical Package for Social Sciences (SPSS) version 16.0 statistical software package (SPSS Inc, Chicago, IL, USA) was used.

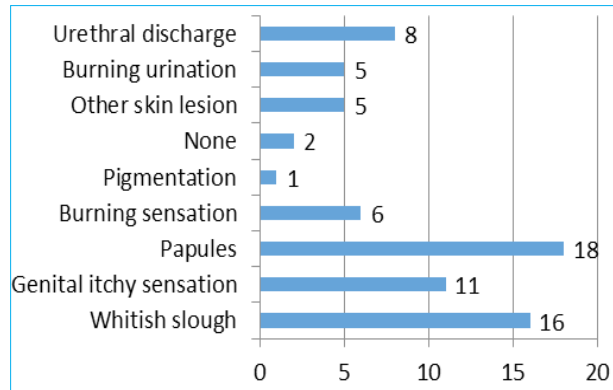
**RESULTS**

A total of 68 male and 4 female patients participated in the study. The mean age of patients presenting with features of venereophobia was 25.85± 5.15 years (range: 17-52). Table 1 represents the demographic profile of the volunteers enrolled in this study. The mean duration of commencement of symptoms after the sexual act was 11± 10.44 days (range: 1-60 days).

**Table 1. Representation of demographic profile of patients enrolled in this study.**

Characteristics	Categories	Frequency (n)	Percent (%)
Gender	Male	68	94.4
	Female	04	5.6
Marital status	Single	43	59.7
	Married	29	40.3
Occupation	Service	28	38.8
	Student	17	23.6
	Driver	13	18.5
	Others	14	19.1
Education status	Less than class 10	13	19.6
	Higher secondary	26	35.3
	Bachelors	27	37.3
	Masters	06	7.8

Figure 1 shows the presenting complaint of the patient. Most common presentation was genital papules (25%) followed by whitish slough over the genitalia (22.2%). Two cases did not have any genital symptom as well.



**Figure 1. Primary presenting complaints of the patient with venereophobia.**

Among 68 male patients, 23 (33.8%) patients visited to commercial sex workers (CSW) for sexual activity and 17 (73.9%) of these patients had visited the CSW together with their friends. The remaining patients had sexual activity with their colleagues or friends. There was one patient with history of concomitant bestiality. The mean spells of visiting CSW was 3.2 ± 2.67 times.

Regarding the status of condom use, 45 patients (62.5%) didn't use condoms; 18 (25%) used them infrequently and 9 patients (12.5%) always used condom. All patients who didn't use condom admitted that the act was completed under the influence of alcohol. Twenty one (29.1%) cases admitted or perceived condom rupture.

Majority of the patients had heard about HIV/AIDS 70 (97.2%); while hearing about syphilis was reported by 6 (8.3%) and gonorrhoea by 2 (2.7%) patients. Table 2 represents the health seeking behavior of patient with venereophobia. Repeated self investigation and multiple doctor visits were common. The average number of dermatologists consulted was 4.5±3.53. Table 3 represents the clinical diagnosis made for the patient with venereophobia.

**Table 2. Health seeking behavior of venereophobia patient.**

	Characteristics	Frequency
Self-Investigation	Yes	15
	No	57
Frequency of dermatologist visit	Single	58
	Multiple	14

Table 3. Clinical diagnosis made for a patient with venerophobia.

S.N.	Clinical finding primarily concerned for venerophobia	Frequency
1	Pearly penile papule	18
2	Smegma	16
3	No relevant findings	11
4	Balanoposthitis (infective or allergic)	6
5	Topical steroid induced erythema	3
6	Genital discharge (spermatorrhea)	8
7	Tinea cruris	2
8	Genital vitiligo	2
9	Lichen nitidus	2
10	Folliculitis (involving pubic area)	2
11	Intrameatal cyst	1
12	Hyperpigmentation of genitalia	1
	Total	72

Among 72 cases, 43 (59.7%) of them were diagnosed with concomitant psychiatric conditions (Table 4). Anxiety neurosis (58.1%) was the commonest diagnosis made.

Table 4. Psychiatric diagnosis made among venerophobia patients.

S.N	Psychiatric Diagnosis	Frequency
1	Anxiety neurosis	25
2	Depression	12
3	Hypochondriasis	3
4	Delusional disorder	3

## DISCUSSION

Venerophobia being a common entity, there are limited and age-old published literatures concerning it. The current study was done to assess the clinico-demographic profile and to find out the psychiatric diagnoses of venerophobia patients. Venerophobia may develop following first or repeated sexual activities.<sup>1,2</sup> All the patients in the present study developed fear of venereal disease after commencement of sexual activity. Macalpine had described 3 spectrum of the condition where one end had fear because of their high risk behavior and middle group once had venereal disease but were successfully treated and later doubted it was cured.<sup>5</sup> The other end did not have risky behavior but has fear of venereal diseases.

In the present study, the mean age of presentation was 25.85±1.15 years. The findings are in congruence with

studies published by Saraswat et al and Gyawalee et al.<sup>7,8</sup> Age group 20-30 is a common age when people seek desperately for sexual activity and the anxiety related with sexual activity is high. This early age group may be due to the early debut to sexual intercourse in Nepal as described by Shrestha et al and Adhikari et al.<sup>9,10</sup> However, the most common age group published by Priya et al were 30-40 years.<sup>11</sup> Also majority of the patients were males in the present study as described from the above studies.<sup>8,9</sup> Majority of the patients presenting were male which could be because of factors like increased influence towards commercial sexual activities and easy visibility of the genital tract.

Among the patients with venerophobia, 23 had visited commercial sex workers. Only 12.5% of the total patients used condom consistently. This data was similar to data published by Gyawalee et al, Adhikari et al and Atteraya et al.<sup>8,12,13</sup> According to the study published by Ghimire et al people attending CSW do not prefer using condoms due to lack of sexual satisfaction, huge payment made and lower socio-economic strata of CSW, so that they cannot deny to their clients.<sup>14</sup>

The level of knowledge of STI among patients was not adequate and majority heard only about HIV/AIDS. These results were consistent with Puri et al<sup>15</sup> Similarly, as per other studies conducted in various parts of Nepal, the knowledge about STI especially HIV/AIDS are high but level of knowledge varies according to level of education, ethnicity and other factors.<sup>16-19</sup> The general public have very less information and knowledge regarding other common sexually transmitted diseases.

In the present study, pearly penile papules and smegma were the commonest constituents that were concerning the patient to trigger their symptoms. Both of them are normal findings of the male genital tract; pearly penile papules being the flesh colored papules located circumferentially around the glans and smegma being the dried genital discharge.<sup>6</sup> The results are similar to the study performed by Michajlowski et al.<sup>20</sup> Verma et al had described a case of pearly penile papule leading to psychosis and schizophrenia.<sup>21</sup> The reason for this lack of general anatomical knowledge could be because of decreased sex education and less discussion among peers regarding genital organs. Similarly, Mahajan BB et al. had pointed out that pearly penile papules, spermatorrhea, threads in urine, phosphaturia, sticky meatus and genital hyperpigmentation are common presentations of venerophobia.<sup>2</sup> Similar to the study by Kite et al, balanoposthitis secondary to infective or irritant or allergic contact dermatitis due to irrational

use of topical, soap and detergents was also a common finding in the present study.<sup>22</sup>

Similarly among all 72 patients, 24 (33%) patients had associated psychiatric diagnoses, most common being anxiety neurosis followed by depression, hypochondriasis and delusional disorder. Anxiety and psychiatric manifestations following pearly penile papule have been described by Verma et al.<sup>21</sup> Anxiety is a common cause which may lead to insomnia, irritability, tiredness and difficulty in concentration; and ultimately leading to decreased quality of life. Delusional disorder, major depressive disorder with psychotic features, somatoform disorders, monosymptomatic hypochondriasis and factitious disorders can be the spectrum of diagnoses among patients with intense fear of medical illness.<sup>23</sup> A significant proportion of patients presenting to venereal department suffer from psychiatric illness has also been described by Bhanji et al.<sup>4</sup> Psychosocial problems after promiscuous sexual activity can be an important factor for suicide.<sup>24</sup>

## CONCLUSIONS

Concomitant psychiatric illness has been documented among significant proportion of patients with venerophobia. The level of knowledge on STI, preventive measures and safe sexual activity are poor among general population. The clinical presentation of these patients can be bizarre and a thorough psychiatric evaluation is warranted among these patients.

## REFERENCES

1. Knapp S, Vandecreek L. Fear of AIDS: Its meaning and implications for clinical practice. *J Contemp Psychother.* 1989;19(3):239-47. DOI <https://doi.org/10.1007/BF00946034>
2. Mahajan BB, Shishak M. An approach to venerophobia in males. *Indian J Sex Transm Dis AIDS.* 2017;38(1):103-106. PMID: [28442819](https://pubmed.ncbi.nlm.nih.gov/28442819/)
3. Swamiappan M, Chandran V, Prabhakar P. A Retrospective study of the pattern of sexually transmitted infections in males: viral infections in emerging trend. *J Clin Diagn Res.* 2016;10(1):WC01-3. Epub 2016 Jan 1. PMID: [26894160](https://pubmed.ncbi.nlm.nih.gov/26894160/)
4. Bhanji S, Mahony JD. The value of a psychiatric service within the venereal disease clinic. *Br J Vener Dis.* 1978;54(4):266-8. PMID: [581066](https://pubmed.ncbi.nlm.nih.gov/581066/)
5. Macalpine I. Syphilophobia; a psychiatric study. *Br J Vener Dis.* 1957;33(2):92-9. doi: 10.1136/sti.33.2.92. PMID: [13446424](https://pubmed.ncbi.nlm.nih.gov/13446424/)
6. Agrawal SK, Bhattacharya SN, Singh N. Pearly penile papules: a review. *Int J Dermatol.* 2004;43(3):199-201. PMID: [15009391](https://pubmed.ncbi.nlm.nih.gov/15009391/)
7. Saraswat PK, Garg A, Mishra D, Garg S. A study of pattern of nonvenereal genital dermatoses of male attending skin OPD at a tertiary care center. *Indian J Sex Transm Dis AIDS.* 2014;35(2):129-34. PMID: [26396448](https://pubmed.ncbi.nlm.nih.gov/26396448/)
8. Gyawalee M, Pokhrel DB. Pattern of sexually transmitted infections and sexual behavior in patients with genital symptoms. *Nep J Dermatol, Venereol Leprol.* 2014;12(1):20-7. DOI <https://doi.org/10.3126/njdv.v12i1.10592>.
9. Shrestha R, Karki P, Copenhaver M. Early sexual debut: a risk factor for STIs/HIV acquisition among a nationally representative sample of adults in Nepal. *J Community Health.* 2016;41(1):70-7. PMID: [26184108](https://pubmed.ncbi.nlm.nih.gov/26184108/)
10. Adhikari R, Tamang J. Premarital sexual behavior among male college students of Kathmandu, Nepal. *BMC Public Health.* 2009;9:241. PMID: [19604383](https://pubmed.ncbi.nlm.nih.gov/19604383/)
11. Priya BT, Muthupandian V, Alagar K, Kannan R. A retrospective study on the incidence of non-venereal genital dermatoses in patients attending STI clinic at a tertiary care centre. *Int J Res Dermatol.* 2017;3(2):254.
12. Adhikari R. Are Nepali students at risk of HIV? A cross-sectional study of condom use at first sexual intercourse among college students in Kathmandu. *J Int AIDS Soc.* 2010;13:7. PMID: [20196856](https://pubmed.ncbi.nlm.nih.gov/20196856/)
13. Atteraya M, Kimm H, Song IH. Caste- and ethnicity-based inequalities in HIV/AIDS-related knowledge gap: a case of Nepal. *Health Soc Work.* 2015;40(2):100-7. PMID: [26027418](https://pubmed.ncbi.nlm.nih.gov/26027418/)
14. Ghimire L, Smith WC, van Teijlingen ER, Dahal R, Luitel NP. Reasons for non- use of condoms and self- efficacy among female sex workers: a qualitative study in Nepal. *BMC Womens Health.* 2011;11:42. doi: 10.1186/1472-6874-11-42. PMID: [21943102](https://pubmed.ncbi.nlm.nih.gov/21943102/)
15. Puri M, Cleland J. Sexual behavior and perceived risk of HIV/AIDS among young migrant factory workers in Nepal. *J Adolesc Health.* 2006;38(3):237-46. PMID: [16488821](https://pubmed.ncbi.nlm.nih.gov/16488821/)
16. Khanal P. Adolescents knowledge and perception of sexual and reproductive health and services-a study from Nepal. 2016. Accessed: May 15, 2019. Available at: [https://epublications.uef.fi/pub/urn\\_nbn\\_fi\\_uef-20160398/urn\\_nbn\\_fi\\_uef-20160398.pdf](https://epublications.uef.fi/pub/urn_nbn_fi_uef-20160398/urn_nbn_fi_uef-20160398.pdf)
17. Jaiswal S, Magar BS, Thakali K, Pradhan A, Gurubacharya DL. HIV/AIDS and STI related knowledge, attitude and practice among high school students in Kathmandu valley. *Kathmandu Univ Med J (KUMJ).* 2005;3(1):69-75.

- PMID: [16401948](#)
18. Thapa KB, Chand SB. Knowledge and awareness about sexually transmitted infections among higher secondary school students in Bajhang, Nepal. *MOJ Public Health*. 2018;7(3):101-6.
  19. Mahat G, Pradhan G. HIV/AIDS knowledge and self-efficacy among late adolescents in Nepal. *Res Theory Nurs Pract*. 2012;26(3):205-15. PMID: [23156208](#)
  20. Michajłowski I, Sobjanek M, Michajłowski J, Włodarkiewicz A, Matuszewski M. Normal variants in patients consulted in the Dermatology Clinic for lesions of the male external genitalia. *Cent European J Urol*. 2012;65(1):17-20. PMID: [24578916](#)
  21. Verma GK, Sharma DD, Sharma RC, Kumar S, Tegta GR, Negi AK. HIV/AIDS phobia leading to schizophrenia like psychosis in a benign cutaneous condition: pearly penile papules. *Int J Health Sci Res*. 2016;12(6):356-59.
  22. Kite EdC, Grimble A. Psychiatric aspects of venereal disease. *Br J Vener Dis*. 1963;39(3):173-80. PMID: [14066171](#)
  23. Kennedy JC, Huffman JC, Stern TA. Fear of medical illness: differential diagnosis, workup, and treatment. *Prim Care Companion J Clin Psychiatry*. 2008;10(5):403-8. PMID: [19158979](#)
  24. Ponnudurai R. Suicide in India - changing trends and challenges ahead. *Indian J Psychiatry*. 2015;57(4):348-54. PMID: [26816422](#)