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Authors

Cohen, Philip R.
Miller, Virginia M.

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Case Presentation

Fellatio-associated petechiae of the palate: report of purpuric palatal lesions developing after oral sex

Philip R. Cohen, MD¹ and Virginia M. Miller, MHA/MBA, RN-C, ANT²

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¹Division of Dermatology, University of California San Diego, San Diego, California; ²The University of Houston Health Center, University of Houston, Houston, Texas.

Correspondence:

Philip R. Cohen, MD
10991 Twinleaf Court
San Diego, CA 92131-3643
713-628-5143
mitehead@gmail.com

Abstract

Fellatio—a sexual act in which the penis is placed into the mouth of another person—can result in submucosal hemorrhage of the palate. A young woman with fellatio-associated palatal petechiae is reported and the features of irrumation-induced oral lesions of the palate are reviewed. Fellatio-associated petechiae and purpura can potentially occur in anyone who engages in receptive penile oral sex. The lesions are asymptomatic and typically appear on the soft palate. Because the fellatrix or fellator may be unaware of the etiology of the lesions or may be reluctant to provide these details of the sexual history, the clinician needs to have a high index of suspicion based on the patient's clinical presentation and collaborating history of preceding fellatio.

Introduction

Fellatio is a sexual act in which the penis is placed into the mouth of another person, the “recipient sexual partner.” Irrumation historically defined a type of oral sex that involves thrusting of the penis into the oral cavity but currently this term is often used interchangeably with fellatio.

Palatal erythema and petechiae or purpura, the most frequent lesions from oral sex, are most commonly described in the medical literature in young fellatrices. We describe a young woman with fellatio-related palatal petechiae and review the features associated with fellatio-induced oral lesions of the palate.

Case Report

A healthy 20-year-old woman presented for evaluation of multiple, newly-appearing, painless, small red macules on the back of her mouth, which she had noticed that morning when she was brushing and flossing her teeth. She was greatly concerned that her oral lesions were caused by a sexually transmitted disease.

Examination of her oral mucosa showed more than ten 1 mm to 2 mm, asymptomatic, purple-red petechiae on both sides of her soft palate. There were no lesions on the uvula, hard palate, buccal mucosa, tongue, or any region on her body.

After the examination she reported that she had been the “giving partner” during oral sex with her boy friend the evening before. Complete blood cells and platelet count, human immunodeficiency virus (HIV) serology, venereal disease research laboratory test (VDRL), and throat swab samples for gonorrhea and chlamydia by automated nucleic acid amplification test (NAAT) were normal or negative.

Based on the clinical presentation and collaborative history of preceding fellatio, a diagnosis of fellatio-associated petechiae of the soft palate was made. Follow-up 6 weeks later showed tan brown macules on her soft palate at the sites of previous petechiae (Figure 1).



Figure 1. The oral cavity of a 20-year-old woman who developed fellatio-associated petechiae of the soft palate. Numerous, 1 mm to 2 mm, tan macules—representing resolving submucosal hemorrhage—are present on both sides of the soft palate at the locations of previous petechiae.

Discussion

Fellatio-associated traumatic blood vessel injuries of the palate have been reported as palatal ecchymoses [1], palatal erythema [1-4], palatal hemorrhage [5], palatal petechiae [3,5], palatal purpura [6], and palatitis [7]. To the best of our knowledge [8], the first description of irritation-induced oral lesions was published in 1928 in a colorful case report in which Barthelemy [9] zestfully shares the details from his patient—a professional fellatrix. In 1949, Rattner [7] subsequently reported “a strange case of palatitis” in a “comely young woman” he had been observing “for quite some time;” he commented that her “soreness of the roof of the mouth...was at all times bothersome, particularly so during the menstrual periods when invariably the symptoms were aggravated.” Eventually, the patient admitted that “she had practiced the art only during the menstrual periods” [7]. A few additional cases of lesions caused by oral sex have been published in the medical [3,6,10,11] and dental [1,2,4,5,12-15] literature.

The acceptability of oral sex has not only increased during the recent decades, but has also become “part of the sexual scripts” of many young people [16,17]. However, the number of reports of fellatio-associated oral lesions is much less than would be expected based on the popularity of oral sex. We speculate the typically asymptomatic lesions are often not noticed by the affected individual and not brought to the attention of either a dental or medical health care provider.

Palatal lesions secondary to oral sex are most frequently observed in young fellatrices. The women are typically in their early 20s [1,2,5,14], ranging in age from 16 [6] to 56 [1]. The lesions have also been observed in young children, often near the age of 3 years, secondary to sexual abuse [4,13]. Rarely, they have been reported in single [11,15] or married [2] men. Married heterosexual men, although highly unlikely to engage in receptive penile oral sex, may do so owing to experimentation, bisexuality, or being on “the down low.”

Petechiae and purpura of the palate can develop during fellatio and expand until hemostasis has been achieved. The lesions may remain unnoticed for several days [2].

Fellatio-associated palatal purpura usually appears on the soft palate and spares the uvula [2-5,10,11], but can also develop at the junction of the hard and soft palate [1,12] and infrequently on the hard palate [1,2,7,13].

Although the patient may have experienced some pain during fellatio, the hemorrhages are usually asymptomatic. Often, they are discovered during tooth brushing, flossing, or inspection of the oral cavity [10]. Indeed, many of the women did not initially associate the lesions with oral sex.

In addition to petechiae [3,5,11,15] and purpura [6], fellatio-associated submucosal trauma can result in erythema [1,2,4,12], papules [2], vesicles [3], erosions [1,11,15], and/or ulcers [13]. The lesions usually appear in the midline of the palate but may become large enough to involve both sides of the palate. Multiple smaller lesions, similar to our patient, can also occur [10,11].

Even when the patient is aware of the cause of the lesions, the clinician may not be able to obtain confirmatory history. Young women who did not reveal a history of fellatio are unlikely to reveal their sexual practices in the presence of a parent [10]. In child abuse cases, the victim might be afraid to disclose the molestation [4,13]. Men may be reluctant to admit to sex with other men [10,11].

A biopsy is not required for diagnosis, unless other etiologies are suspected. The histologic findings of a palate lesion in a 28-year-old woman “with an asymptomatic 2 cm erythema on the posterior hard palate in the midline” [2] were consistent with a “nonspecific mucositis” but periodic acid-Schiff staining of deeper sections demonstrated “fungal organisms...in the superficial parakeratin layer.” A cytology smear showed “an extremely heavy harvest of fungal organisms consistent with *Candida albicans*.” The patient, who was being treated for vaginal candidiasis had engaged in fellatio with her husband who had been treated for penile candidiasis [2]. Coincident oral candidiasis was also documented in other patients with irrumation-induced palatal lesions [11]. Therefore, the discovery of palatal moniliasis does not exclude fellatio-associated traumatic injury to the palate.

The differential diagnosis of palatal petechiae and purpura includes blood dyscrasia, infection, trauma, or tumor (Table 1) [10,12,14,18,19]. If the diagnosis of fellatio-associated trauma cannot be established, additional evaluation might include: (1) complete blood cell counts with platelets and other coagulation studies to examine for blood dyscrasias, (2) serologic studies and cultures for Epstein-Barr virus and *Beta*-hemolytic streptococcus infection, and (3) radiologic studies (such as roentgenograms, computerized axial tomography and/or magnetic resonance imaging) to examine for nasopharyngeal carcinoma.

The pathogenesis of fellatio-associated palatal petechiae and purpura is likely to be multifactorial. Direct and forceful contact of the distal penis against the palate may result in mucosal injury with rupture of submucosal vessels and hemorrhage. Schlesinger et al [5] suggest that “the petechial hemorrhages were secondary to an intense reflex palatopharyngeal spasm brought on during fellatio.” However, they also postulate that the concurrent “negative pressure created through irrumation” has a contributory role in the mechanism of injury resulting in the soft palate mucosal petechiae. Additional clinical observations by Giansanti et al [1] also support the hypothesis that negative pressure is an important etiologic factor in the pathogenesis of the palatal petechiae. They previously had seen petechiae and erythema of the lips and palates of children who made a habit of forceful sucking into a drinking glass.

Fellatio may be associated with infectious diseases [10]. Indeed, a person who develops irrumation-induced submucosal hemorrhage can also concurrently have a sexually transmitted infection [20, 23].

Irrumation-induced submucosal hemorrhage of the palate resolves spontaneously, usually in less than a week [1-3,5], but occasionally in up to 14 days [1,6]. Therefore, treatment of the palatal lesion is not necessary. The lesions may recur during new episodes of receptive oral sex [1,7]. Hence, in order to prevent recurrence of fellatio-associated petechiae and purpura, it is important that the patient understands how the oral lesions were acquired.

Conclusion

As our case indicates, fellatio-associated petechiae and purpura are asymptomatic and usually occur in young women. Often the patient does not discover the lesions until several hours or days following the causative event. The pathogenesis of fellatio-associated submucosal hemorrhage is likely to be multifactorial. Palatal petechiae and purpura resolve spontaneously and treatment is usually not necessary. Because fellatio can be associated with the acquisition of sexually transmitted diseases, evaluation of patients for these infections should be considered.

Table 1. Differential diagnosis of palatal petechiae and purpura

Blood dyscrasias	
	Disseminated intravascular coagulation
	Hemophilia
	Idiopathic thrombocytopenia purpura
	Leukemia
Capillary fragility	
	Paroxysm of violent coughing, sneezing or vomiting
	Suction [a]
Infections	
	Infectious mononucleosis
	Measles
	Streptococcal infections
	Upper respiratory infections
Medications	
	Anticoagulant therapy

- Aspirin
- Antithrombolytic therapy
- Other
 - Playing a wind instrument
- Systemic conditions
 - Hereditary hemorrhagic telangiectasias (Osler-Weber-Rendu syndrome)
 - Scurvy (Vitamin C deficiency)
- Traumatic Injuries
 - Accidental
 - Blunt trauma
 - Chemical ingestion
 - Fellatio
 - Intubation for general anesthesia
 - Nasogastric tube insertion and feedings
 - Piercing and penetrating trauma [b]
 - Thermal injury
- Tumors
 - Nasopharyngeal carcinoma

[a]For example, petechiae are formed as a result of the suction that occurs when a person with seasonal allergies and an 'itchy throat' clicks their palate against their tongue [18]

[b]These can be secondary to pencils, lollipop sticks, straws, and irritation from object inserted after tongue piercings [10,14]

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