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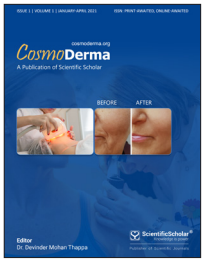

Visual Treats in Dermatology

Bullhead clap penis

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A 23-year-old male presented to the dermatology outpatient department with complaints of purulent discharge from the penile region for 15 days duration. He also complained of mild dysuria and burning sensation. No other systemic complaints were present. A history of promiscuity was present with the last contact 20 days back. No similar complaints were present in the past. No other co morbidities was present and he did not take any medications. Examination revealed the presence of profuse purulent discharge from the penile orifice with significant preputial edema and erythema giving a "bullheaded clap" appearance [Figure 1a].[1] No ulcers were noted on examination and bilateral inguinal nodes were enlarged and tender. Per rectal examination and throat was normal. A Gram-stained specimen of the discharge showed the presence of numerous Gram-negative diplococci both intracellular and extracellular among numerous neutrophils [Figure 1b]. The pus was sent for culture for confirmation grew Neisseria gonorrhea. Hence, the patient was treated with cefixime 800 mg stat dose orally after which the lesions resolved at follow-up after 1 week, and the rest of the serological investigations were negative. Counseling regarding the treatment of the partner and the disease was given.

The term "Clap" was referred to gonorrhea in reference to the origin in the district of "Les clapiers." This in association with prominent preputial edema seen with gonorrhea has been

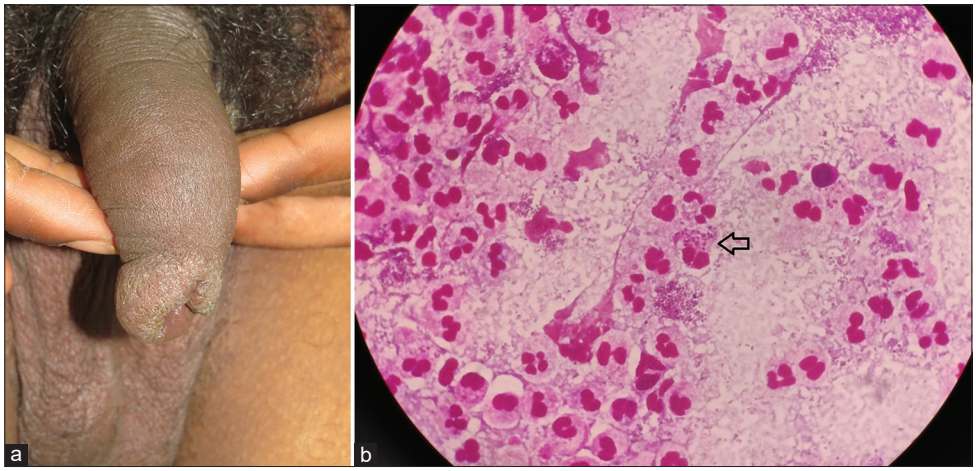

Figure 1: (a) Bullheaded clap penis showing prominent edema of the prepuce and shaft of the penis. (b) Gram stain smear under oil immersion (×100) showing multiple Gram-negative intracellular (arrow) and extracellular diplococci.

referred to as "bullhead clap penis" as seen in our patient. Diagnosis includes confirmation of the underlying infection by doing a Gram stain from the urethral discharge to demonstrate Gram-negative intracellular diplococci inside the polymorphonuclear cells, and by culture, nucleic acid amplification testing. Due to the rising antimicrobial resistance, the current guidelines recommend therapy with intramuscular ceftriaxone 500 mg stat or oral cefixime 800 mg stat dose. Follow-up after 7 days to see for disease response and abstinence from sexual intercourse during the treatment period is advised. Partner management involves treating all recent sex partners within 60 days of diagnosis or symptoms with cefixime 800mg stat dose.[2]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.

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