

## LEZIJE NA MEKOM NEPCU IZAZVANE ORALNIM SEKSUALNIM ODNOSOM: PRIKAZ PACIJENTA

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### SAŽETAK

**Uvod/Cilj:** Oralni seks je česta praksa kod seksualno aktivnih osoba svih uzrasta, uključujući i tinejdžere i može biti praćen polno prenosivim infekcijama ili povredama oralne ili genitalne regije. Cilj rada je bio da prikaže promene na mekom nepcu nastale nakon receptivnog oralnog seksualnog odnosa.

**Prikaz pacijenta:** Prikazan je učenik star 17 godina koji se javio na pregled zbog purpuričnih promena na mekom nepcu nastalih usled oralnog seksa koje su se spontano povukle u narednih deset dana.

**Zaključak:** Specijalisti oralne medicine bi trebalo da imaju na umu da petehijalne oralne lezije mogu biti posledica oralnog seksa te podaci o ovoj vrsti seksualne prakse bi trebalo da budu sastavni deo anamneze.

**Ključne reči:** oralni seks, trauma, oralne lezije

### Uvod

Oralni seks je česta vrsta seksualne aktivnosti koju praktikuju osobe oba pola i različite starosne dobi, uključujući i adolescente. Podrazumeva oralno genitalni seks (felacio i kunilingus) i oralno analni seks (anilingus) koji se mogu praktikovati kao jedina vrsta seksualnog odnosa ili zajedno sa vaginalnim i analnim seksualnim odnosima. Istraživanja iz Sjedinjenih Američkih Država su pokazala da su 48% muškaraca od 15 do 19 godina, 80% muškaraca od 20 do 24 godine i čak 90% muškaraca od 25 do 44 godine praktikovali oralni seks sa osobama suprotnog pola (1). Druga studija iz iste države je opisala da je 72,7% muškaraca koji imaju seks sa muškarcima tokom poslednjeg seksualnog odnosa praktikovalo oralni seks (2).

Oralnim seksom se mogu preneti sve polno prenosive infekcije (3), a tokom ove vrste aktivnosti mogu nastati i povrede usne duplje i genitalija. Tokom epidemije sifilisa u Beogradu među muškarcima koji imaju seks sa muškarcima, čak 59% pacijenata je oboljenje dobilo isključivo nakon oralnog seksualnog odnosa (4). Povrede usne duplje se najčešće javljaju nakon felacia kod receptivnog seksualnog partnera i prema podacima iz literature obično su opisane kod osoba ženskog pola (5,6).

Cilj ovog rada je bio da prikaže promene u usnoj duplji tinejdžera koje su nastale kao posledica oralnog seksualnog odnosa.

### Prikaz pacijenta

Učenik star 17 godina javio se na dermatovenerološki pregled zbog promena koje je slučajno primetio u usnoj duplji tokom pranja zuba. Bio je poprilično uplašen da nije u pitanju neka polna bolest jer je pre dva dana imao grublji receptivni oralni seksualni odnos sa nepoznatim partnerom. Pacijent nije imao nikakvih tegoba i bio je dobrog opšteg zdravlja. Pregledom usne duplje utvrđene su purpurične promene na mekom nepcu (slika 1) koje su se spontano povukle u toku narednih deset dana. Nakon osam nedelja od seksualnog odnosa rađene su analize krvi na HIV infekciju i sifilis i serološki testovi su bili negativni.

### Diskusija

Ispitivanje sprovedeno u našoj sredini je pokazalo da je oralni seksualni odnos česta praksa, naročito u populaciji muškaraca koji imaju seks sa muškarcima, ali znanja muškaraca u Beogradu o rizicima oralnog seksa bila su prilično oskudna

## CASE REPORT

**LESIONS ON THE SOFT PALATE CAUSED BY ORAL SEXUAL INTERCOURSE:  
A CASE REPORT****Milan Bjekic<sup>1</sup>, Kiro Ivanovski<sup>2</sup>**<sup>1</sup> City Institute for Skin and Venereal Diseases, Belgrade, Republic of Serbia<sup>2</sup> Periodontology and Oral Pathology Department, Faculty of Dentistry, University St Cyril and Methodius, Skopje, Republic of North Macedonia**SUMMARY**

**Background/Aim:** Oral sex is a common practice in sexually active people of all ages, including teenagers and can be accompanied by sexually transmitted infections and trauma of the oral or genital region. The aim of this study was to present the lesions on the soft palate that occurred after receptive oral sexual intercourse.

**Case report:** We present a 17-year-old student with fellatio-associated purpuric lesions on the soft palate, which disappeared spontaneously within ten days.

**Conclusion:** Dental care professionals should be aware that petechial oral lesions may result from sexual intercourse and data on oral sex practice should always be taken.

**Key words:** oral sex, trauma, oral lesions

**Introduction**

Oral sex is a common sexual activity which is practiced by people of both sexes and different ages, including adolescents. It includes oral genital sex (fellatio and cunnilingus) and oral anal sex (anilingus), which may be practiced as the only kind of sexual intercourse or together with vaginal and anal sexual intercourse. Studies from the United States of America showed that 48% of men aged 15 to 19, 80% of men aged 20 to 24 and even 94% of men aged 25 to 44 practiced oral sex with the opposite sex (1). Another study from the same country described how 72.7% of men, who had sex with men, practiced oral sex during the last sexual intercourse (2).

All sexually transmitted infections can be contracted through oral sex (3), while trauma of the oral and genital region may appear during this kind of activity. During the epidemic of syphilis in Belgrade among men who had sex with men, even 59% of patients contracted the disease exclusively after oral sexual intercourse (4). Traumas of the oral cavity most frequently appear after fellatio in a receptive sexual partner and according to the data from literature, these injuries are usually described in females (5,6).

The aim of this study was to present changes in the oral cavity of a teenager that appeared as a consequence of oral sexual intercourse.

**Case report**

A 17-year-old student came to the dermatovenerological examination due to the changes in the oral cavity that he noticed by accident while he was brushing his teeth. He was quite scared that it might be a sexually transmitted disease because he had had a rough receptive sexual intercourse with an unknown partner two days before. He did not have any troubles and his general health condition was good. The examination of oral cavity established purpuric lesions on the soft palate (Picture 1), which spontaneously disappeared within the next ten days. After eight weeks from the sexual intercourse, blood tests were done for HIV infection and syphilis and serological findings were negative.

**Discussion**

The research was conducted in our environment and it showed that oral sex is a common



Slika 1. Purpurične lezije na tvrdom nepcu

(7). Jedna četvrtina ispitanika je smatrala da se oralnim seksom ne mogu preneti polne bolesti, a čak 95% njih nije koristilo kondom tokom ove vrste seksualne aktivnosti.

Povrede usne duplje mogu nastati nakon oralnog seksualnog odnosa, ali su često asimptomatske te ih osoba ni ne registruje, a ako se promene uoče, obično su praćene strahom da se radi o nekoj polnoj infekciji (8). Tokom felacija usled jačeg pritiska penisa na nepce receptivnog partnera nastaje negativni pritisak praćen pojavom eritema, petehija i purpura obično na mekom nepcu ili mestu prelaza tvrdog u meko nepce. Ove promene su bezbolne i mogu biti bilateralne kao kod našeg pacijenta, ili, pak, samo sa jedne strane mekog nepca dok su ostali delovi orofarinksa obično pošteđeni (6).

U diferencijalnoj dijagnozi purpuričnih promena na mekom nepcu (5) pominju se krvne diskrazije (hemofilija, idiopatska trombocitopenična purpura, diseminovana intravaskularna koagulacija), povećana fragilnost kapilara (paroksizmalni kašalj, kihanje ili povraćanje), infektivne bolesti (mononukleozna, streptokokne infekcije), primena lekova (antikoagulansi, preparati acetilsalicilne kiseline), karcinomi nazofarinksa i ostale zadesne ili jatrogene povrede (intubacija, nazogastrična sonda). S obzirom na to da je naš pacijent bio potpuno zdrav i da je dao podatak o skorašnjem receptiv-

nom oralnom seksu, pregledom i anamnezom je utvrđeno da se radi o traumatskim purpuričnim lezijama mekog nepca nastalim tokom felacija.

### Zaključak

Kod pojave purpuričnih promena na mekom nepcu, specijalisti oralne medicine bi u okviru anamneze trebalo da uzmu i podatke o eventualnim oralnim seksualnim odnosima, a sve sa ciljem lakšeg postavljanja dijagnoze.

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Figure 1. Purpuric lesions on the soft palate

practice, especially in the population of men who have sex with men, but in Belgrade their knowledge about risks pertaining to oral sex was rather scarce (7). One quarter of examinees claimed that sexually transmitted diseases could not be transmitted through oral sex, while 95% of them did not use condoms during this sexual activity.

Injuries of the oral cavity can appear after the oral sexual intercourse, but they are often asymptomatic and therefore, a person does not notice them, and if these changes are noticed, they are accompanied by the fear that it is a sexually transmitted infection (8). During fellatio due to a stronger pressure of penis on the palate of a receptive partner, a negative pressure appears that is followed by the appearance of erythema, petechiae and purpura usually on the soft palate or at the junction between the soft and hard palate. These changes are painless and they can be bilateral as in our patient, or they can appear just at one side of the soft palate while other parts of oropharynx remain undamaged (6).

In a differential diagnosis of purpuric lesions on the soft palate (5), the following is mentioned: blood dyscrasia (hemophilia, idiopathic thrombocytopenic purpura, disseminated intravascular coagulation), increased capillary fragility (paroxysmal cough, sneezing or vomiting), infectious diseases (mononucleosis, streptococcal infections),

the application of drugs (anticoagulants, preparations of acetylsalicylic acid), cancer of nasopharynx, and other accidental and iatrogenic injuries (intubation, nasogastric tube). Considering the fact that our patient was completely healthy and that he reported on the recent receptive oral sex, the examination and anamnesis established that these changes were traumatic purpuric lesions of the soft palate that appeared during fellatio.

## Conclusion

In case of purpuric lesions that appear on the soft palate, dental care professionals should take data about possible oral sexual intercourse in order to establish diagnosis more easily.

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**Sukob interesa:** Nije prijavljen.

**Primljen:** 23.05.2021.

**Revizija:** 20.06.2021.

**Prihvaćen:** 01.07.2021.

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**Conflict of interest:** None declared.

**Received:** 05/23/2021

**Revised:** 06/20/2021

**Accepted:** 07/01/2021

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