

Compendium of pseudo conditions in sexually transmitted diseases

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INTRODUCTION

Clinicians use the term “*pseudo*” (in Greek *pseudo* means “*false*”) to describe a disease state with a visual similarity to other disease, but differ in etiology, treatment, and prognosis. Clinical diagnosis in sexually transmitted diseases is not always accurate, and it has to be confirmed by laboratory diagnosis. The asymptomatic nature and overlapping of the symptoms in sexually transmitted diseases lead to inappropriate diagnosis. In addition to the above factors, pseudo conditions also impede us in making a correct diagnosis. Hence, it is mandatory to know what is real or unreal. Apart from the well-known pseudo conditions in sexually transmitted diseases like pseudo chancre redux, pseudo bubo, pseudoelephantiasis, pseudo Groove’s sign, pseudoepitheliomatous hyperplasia, pseudohyphae other pseudo conditions have been classified under following groups as (i) clinical (ii) histopathological and microbiological (iii) miscellaneous.

PSEUDO CONDITIONS IN CLINICAL GROUP

Pseudo granuloma inguinale - a variant of chancroid that clinically looks like the ulcerative type of granuloma inguinale.

Pseudo epitheliomatous micaceous and keratotic balanitis - disease of elderly uncircumcised male, characterized by thick, mica-like scaly patches on glans penis. It is probably a form of locally invasive verrucous carcinoma.

Pseudo membranous conjunctivitis - caused by both gonococcus and chlamydia, characterized by thick, white discharge from the tarsal conjunctiva.

Pseudocondyloma of the vulvae^[1] - benign papillomas, similar to early genital warts. These are multiple, discrete, tiny, smooth, pink or white papules, symmetrically distributed in the inner aspect of the labia minora. Pseudo TORCH syndrome^[2] - an autosomal recessive entity with intracranial calcification and microcephaly, which resemble the main clinical features of the TORCH-syndrome (which is caused by toxoplasmosis, rubella and herpes simplex).

Pseudo koebners phenomenon - the koebners phenomenon seen in warts, molluscum contagiosum. The lesions are due to direct seedling of the organisms.

Pseudo Cushing syndrome^[3] - characterized by central obesity, accumulation of fat in dorsocervical and submandibular areas. It is seen in HIV patients who are taking protease inhibitors.

Pseudo retinitis pigmentosa of syphilis^[4] - syphilis may produce salt-and-pepper fundus with diffuse pigmentary lesions that resemble retinitis pigmentosa.

Pseudo paralysis of Parrot^[5] - represents decreased movement of the extremities secondary to painful syphilitic periostitis.

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Pseudo tumoral venereal lymphogranulomatosis^[6] - The stenotic rectal lesions of lympho granuloma venereum can manifest in a tumor form resembling rectal cancer with similar endoscopic and imaging characteristics.

Pseudotumors^[7] - clinically characterized by a tumor-like nodules, anywhere in the body. cryptococcal infection in a HIV background can cause pseudotumors.

Pseudo Kaposi's sarcoma or Acroangiokeratitis^[8] - seen in the patients with chronic venous insufficiency, characterized by purple colored nodules, plaques and patches in the lower extremities. It is a clinical and histological simulator of Kaposi's sarcoma. Only immunohistochemistry can differentiate these two entities.

Pseudo Foster Kennedy syndrome^[9] - one-sided optic atrophy with papilledema in the other eye but without any space occupying lesion. HIV infection rarely could be a predisposing factor for this syndrome.

Pseudo oral hairy leukoplakia^[10] (OHL) - lesions that clinically and histologically mimic OHL but not associated with Epstein-Barr virus infection. Pseudo hairy leukoplakia corresponds to the conditions like leukoedema and white sponge nevus.

Pseudomembranous candidiasis or thrush - form of oral candidiasis, characterized by white patches in the dorsal aspect of the tongue, which can be easily wiped away to reveal erythematous mucosa.

Pseudo Bowen's disease - characterized by multiple reddish papules on the genitalia caused by bowenoid papulosis that mimics Bowen's disease.

Pseudolithiasis or choledocholithiasis^[11] - a condition in which patient have symptoms associated with gallstones but they really do not have gallstones. Ceftriaxone can cause biliary sludge, which is predominantly ceftriaxone-calcium salts leading to pseudolithiasis.

Pseudovaginal perineoscrotal hypospadias^[12] (PPSH) - a form of genital ambiguity caused by low virilization of genetic males (karyotype XY). PPSH consists of: A phallus intermediate in size between penis and clitoris, a chordee holding it to the perineum, hypospadias, and an incompletely closed urogenital opening, which resembles a small and shallow vagina.

Pseudo foreskin^[13] - the skin of the penile shaft partially or totally envelope the glans penis giving the appearance of the foreskin, seen in obese, circumcised males. This pseudo foreskin is prone to develop all kinds of sexually transmitted diseases that are seen in uncircumcised men.

Pseudobalanitis circinata of psoriasis^[14] - genital psoriasis may present as whitish papules in an annular pattern resembling circinate balanitis of reiter's syndrome.

Perianal pseudoverrucous papules and nodules^[15] - an irritant reaction to urine or stools, clinically presenting as multiple well-demarcated, smooth, dome-shaped, small papules, seen over the perianal region, vulvar, or around entero-stomal region.

PSEUDO CONDITIONS IN HISTOPATHOLOGICAL AND MICROBIOLOGICAL GROUP

- Pseudo lymphoma - nodular lesions of secondary syphilis show atypical lymphoid hyperplasia resembling a cutaneous B-cell lymphoma
- Pseudo gonococci^[16] - *Moraxella catarrhalis* can cause neonatal conjunctivitis and it is similar to gonorrhoeae in morphology on the Gram-stained smear. This moraxella may mislead to the diagnosis of gonococcal conjunctivitis that has psycho-social and medical implications
- Pseudo cyst^[17] - *Trichomonas vaginalis*, a flagellated protozoan parasite do not have a cystic stage but in unfavorable environmental conditions it withdraws its flagella and takes a cyst like form called as pseudo-cyst.

PSEUDO CONDITIONS IN MISCELLANEOUS GROUP

- Pseudo virion of papilloma virus^[18] - intracellular production of papillomavirus-based gene transfer vectors is known as pseudoviruses (PsVs) of human papilloma virus, which infect basal keratinocytes. These PsV are used as vehicles for genetic delivery of antigens to the genital tract for the induction of cellular immune responses
- Pseudotype Human immunodeficiency virus type 1^[19] - a chimeric virus composed of the HIV-1 core and the envelope glycoprotein of vesicular stomatitis virus. Pseudotype HIV-1 is 20-130 times more infectious than nonpseudotyped HIV-1
- Pseudo mannosylated compound^[20] - are glycomimetic compounds that inhibit DC-SIGN mediated HIV-1 infection of cellular and tissue

models, by competing with the binding of the virus to the receptor.

CONCLUSION

To improve the accuracy of the clinical diagnosis in sexually transmitted disease, it is better to know the pseudo conditions that resemble the original ones.

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