

# Fordyce Angiokeratoma: Examination of Cryotherapy and Electrocauterization Medicines

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## Perspective

Fordyce angiokeratoma is a harmless sore regularly creating on the scrotal skin. The frequency increments with age. About portion of these sores might be indicative and much of the time cause tingling and dying. Albeit the treatment isn't generally viewed as essential, a few treatment techniques are utilized for suggestive cases, particularly for restorative purposes. Treatment choices incorporate careful extraction, laser removal, electrocoagulation, cryotherapy, and sclerotherapy. The most generally utilized techniques are electrocoagulation and cryotherapy. Albeit these two techniques are likewise viable and protected, there are contrasts in method for patient solace and corrective results. Patient solace can be characterized as torment the board during the strategy and the mending time frame. Draining and wound contamination are different boundaries that might diminish patient solace. Patients would lean toward treatment strategies with less or no agony and more limited recuperation periods, medical services suppliers, and protection. The restorative outcome is another basic issue, particularly for patients with various sores. Treatment techniques keeping away from genital scars are bound to fulfill the tasteful needs of the patients. Angiokeratomas are vascular telangiectasias related with hyperkeratosis of the dermis. There are numerous clinical types of angiokeratomas: Mibelli type, single and different (papular type), Fordyce type, angiokeratoma circumscriptum, and angiokeratoma corporis diffusum. Fordyce angiokeratoma was named after John Addison Fordyce, who depicted the sickness on the scrotal skin of 60 years of age patient in 1896. The commonness of angiokeratomas in everybody is 0.16%. Fourteen percent of angiokeratomas are the Fordyce type, the pervasiveness of which increments with age and is more normal in men. The more normal event in the old populace is viewed as related with a restricted expansion in the venous tension brought about by the thrombophlebitis of the scrotum and vulva and inguinal hernia. The pathogenesis in youthful patients younger than 20 isn't obviously perceived. Telangiectasia happens because of the misfortune or degeneration of versatile tissue support in the vessel wall because of persistent expanded venous tension or vascular deformities. Constant bothering and mechanical injury are the inclining factors. Clinically, Fordyce angiokeratomas are very much outlined, arch formed papules changing 2 to 5 mm in size and are generally situated in the scrotum. Seldom they can be tracked down on the glans penis, inguinal folds, and upper thighs in men and on the vulva in ladies. They are typically reciprocal in nature. The shade of the sores might

be in a range running between red, blue, purple, and dark. Telangiectatic sores that will generally consolidation might bring about an ordinary appearance of the red scrotum. Most injuries are asymptomatic, yet some might cause aggravation, torment, consuming sensation, and tingling. Albeit the determination is chiefly made clinically by examination, the utilization of a dermatoscope distinguishes the old style highlights of angiokeratomas. Melanotic nevi, threatening melanoma, verruca vulgaris, condyloma acuminatum, verrucous hemangioma, genetic hemorrhagic telangiectasia, lymphangioma circumscriptum, pigmented basal cell carcinoma, Splitz nevi, seborrheic keratosis dermatofibroma, and pyogenic granuloma ought to be viewed as in the differential analysis. Patients with Fordyce angiokeratomas may seldom drain during sex, scratching or shaving. Patients with angiokeratomas are inclined to apoplexy. Angiokeratomas might relapse by treating the circumstances which increment the venous tension, like varicocele and inguinal hernia. Fordyce angiokeratomas are cosmetically upsetting and may prompt tension and social shame. Most patients with angiokeratomas don't need treatment. In any case, corrective worries or irksome side effects might require treatment. Careful extraction, cryotherapy, sclerotherapy, electrocoagulation, and laser medicines are among the treatment choices. Dermatology and urology centers are by and large associated with the treatment of angiokeratomas. These sores are predominantly distinguished during actual assessment of the patients applying for other urological issues in the urology facilities. A few patients demand the treatment of these sores alongside the treatment of their essential concern. Cryotherapy and electrodesiccation gadgets are cheap and effectively available by urologists and are broadly utilized at short term urology centers. Angiokeratomas are harmless injuries related with dermal hyperkeratosis. Scrotal angiokeratomas ordinarily don't need treatment. They can be dealt with actually and securely with careful extraction, electroanalysis, laser treatment, cryotherapy, and sclerotherapy at whatever point required. In the cryotherapy and electrocauterization gatherings, our patients were dealt with actually and securely. This study finished up from the VAS scores that cryotherapy was more mediocre and agreeable through torment during the method and recuperating process than electrocauterization. Dying, either early or postponed, which is likewise a boundary deciding security and patient solace, was not measurably divergent in the two gatherings. Draining during or after the strategy is for the most part expected in cryotherapy contrasted with electrocauterization, yet our review showed that draining was not an issue when applied less forcefully, even with cryotherapy. The requirement for wound care was different in the two gatherings; all patients involved dressings and got twisted care after the technique in the electrocauterization bunch, while just three patients required such consideration after cryotherapy. Albeit no patients in either bunch were on prophylactic anti-infection agents before the methodology, neither of the patients showed any proof of skin contamination. Just 3 and 2 patients in the cryotherapy and electrocauterization gatherings, separately, got extra treatment due to remaining sores, and both the strategies were demonstrated similarly powerful. The fundamental shortcoming of this study is the absence of long haul follow-up information since the patients were not really assessed after the tenth day appraisal. Consequently, we can't survey or analyze the repeat rates as well as the drawn out superficial outcomes like scar arrangement. Cryotherapy and electrocauterization are protected and successful strategies for treating Fordyce angiokeratomas. Both the strategies are effectively open and somewhat economical contrasted with laser treatment. Cryotherapy enjoys upper hands over electrocauterization through understanding solace and wound care. Draining and disease don't appear to cause any issue with both of the strategies. Long haul follow-up is expected to decide the distinctions in repeat rates and corrective results.

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