Penoscrotal rash due to familial Mediterranean fever

A 39-year-old man presented with a 15-year history of episodic fever and penoscrotal rash. The episodes persisted for 3 days, and occurred six times per year. During the episodes, his penoscrotum became red, painful and swollen with a sharply demarcated edge, which was similar to erysipelas (Fig. 1A). His foreskin, shaft skin and scrotum were painful to touch. On the other hand, his corpus cavernosum penis, epididymides and testicles were not tender. Between the episodes, his penoscrotum was normal (Fig. 1B). The characteristic episodic fever and rash were suggestive of FMF. Mediterranean fever gene analysis demonstrated three mutations: E148Q located in exon 2, and P369S and R408Q in exon 3. We initiated colchicine (2 mg/day) and observed complete disappearance of his symptoms.

FMF is a periodic fever syndrome associated with mutations in the Mediterranean fever gene encoding pyrin and accompanied by serositis, arthritis or skin lesions. Skin lesions include erythema, oedema, purpura, psoriasis, erythema nodosum, herpes and urticaria [1]. The primarily involved areas are the inferior and upper limbs [1]. While a small number of cases with acute scrotum have been reported, regarding penoscrotal involvement [2], penoscrotal rash could be a rare skin manifestation of FMF.

References
