localized angiokeratoma on scrotum has been first described in a 60-year-old male patient by Fordyce in 1896. While Fordyce angiokeratoma is known to be asymptomatic, it might bleed due to scratching or friction during sexual intercourse. This situation leads to social and emotional problems in patients. Surgery or local destructive treatment methods may be used (e.g. cryotherapy, electrocautery, laser etc.) for treatment. Here, we present a case of scrotal angiokeratoma successfully treated with 1064 nm Nd:YAG laser.

A 55-year-old patient applied to our department with multiple reddish purple black-colored, asymptomatic, papules 1-4 mm in diameter which were increasing in number for the last 5 years on the scrotum. He com-
explained of bleeding after sexual intercourse recently (Figure 1a). The patient’s history and family history were unremarkable. Systemic physical examination was normal. Laboratory tests were within normal limits. Based on clinical and dermoscopic findings, he was diagnosed as Fordyce angiokeratoma.

The patient had not used any treatment for these lesions before. Nd:YAG laser treatment of 1064 nm wavelength was used to treat the lesions. Topical anesthesia was applied to the scrotum before treatment. 4 mm spot diameter and 20 ms pulse width was used. (Treatment was started with 90 J/cm² and increased by 10 J/cm² until optimal response was received and then the process continued with 130 J/cm² fixed energy). Treatment took a total of four sessions, each with two month intervals, until acceptable results were achieved (Figure 1b). Vesiculation and mild swelling was observed with some lesions at the beginning, however no permanent side effect was observed. No recurrence occurred on follow up.

Treatment was planned for our case, due to bleeding of the scrotal angiokeratomas. After 4 sessions of treatment with 1064 nm Nd: YAG laser almost full recovery was observed with no side effects. While there are only a very limited data in the literature related to treatment of Fordyce angiokeratoma using 1064 nm Nd: YAG laser, other laser systems have been reported.

Argon laser, carbon-dioxide laser, Cooper vapor laser, KTP laser, pulsed dye laser have been reported to be used in treatment of angiokeratoma successfully. In treatment of Angiokeratoma, Nd:YAG laser was first used by Sommer et al.7 to treat acral variant of angiokeratoma of Mibelli and received a considerably good response to the repeated sessions of treatment. No side effect was reported excluding some scarring and hyperpigmentation. In their case series study consisting of two women and eight men Özdemir et al.8 have used 1064 nm Nd:YAG laser (92 J/cm² energy, 14 ms pulse width) treatment. No side effect has been reported except for atrophic scarring observed in one patient and healing has been observed in the patients at various rates ranging from 70-100%. Civaş et al.9 have used 1064 nm Nd:YAG laser (120-160 J/cm² energy, 20-30 ms pulse width) in two cases with Fordyce angiokeratoma and have obtained full response and reported no permanent side effect.

As can be observed from data obtained both in the presented case and from literature, applying Nd:YAG laser in scrotal angiokeratomas appears to be a considerably effective treatment method.
REFERENCES


