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Journal discussion (12/8/2025)

**Title of journal: RED SCROTUM SYNDROME AN UPDATE
ON CLINICOPATHOLOGICAL FEATURES,
PATHOGENESIS, DIAGNOSIS AND MANAGEMENT**

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Abstract: The genital skin may be affected by a variety of dermatoses, be it inflammatory, infectious, malignant, idiopathic, or others. The red scrotum syndrome is characterized by persistent erythema of the scrotum associated with a burning sensation, hyperalgesia, and itching. Its cause is unknown, but proposed mechanisms include rebound vasodilation after prolonged topical corticosteroid use and localized erythromelalgia. The condition is chronic, and treatment is often difficult. This is a narrative review on clinical features, histopathological, diagnosis and prevention of red scrotum syndrome.

Conclusion: RSS is an underdiagnosed skin disorder affecting men. A history of prolonged application of TCs is often present. Dermatologists should consider RSS in their differential of scrotal erythema with burning sensation and hyperalgesia. Because of the different etiologic theories and the lack of randomized placebo-controlled trials, no first-line option is currently available. Initially, TCs should be discontinued, after which topical and oral beta blockers, calcineurin inhibitors, oral doxycycline, or gabapentin/pregabalin, or a combination of these, can be used in treating the condition.

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