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Case Report

Oral Hematomas following Oral Sex in Individuals with Disrupted Coagulation

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Abstract

Protected oral sex is relatively safe and harmless. There are hardly any reports in the literature regarding palatal bruises and hematomas following oral sexual activity in those with a bleeding tendency. Here we report oral sub-mucosal hemorrhage in three women with a disrupted coagulation system. The traumatic hemorrhage was attributed to violent activity during oral sexual practices. This short report presents a seemingly unnoticed and unreported phenomenon following oral sexual behavior.

Keywords: Sub-mucosal hemorrhage; Oral sexual activity; Bleeding tendency; Fellatio

1. Introduction

Protected oral sexual practice is considered relatively safe [1]. Tears, lacerations, and bruises have been reported following aggressive (consensual or non-consensual) oral sexual behavior [2]. Intra-oral traumatic injury can be caused by an overenthusiastic thrust or by strong sucking, and will eventually cause sub mucosal hemorrhage [3, 4]. In healthy individuals this interaction causes a minute extravasation of blood, and petechial lesions on the hard and/or soft palate and may be the sole clinical presentation, termed "intra oral lesion of fellatio" [5]. Petechiae are defined as a cluster of small red to purple points less than 3mm, purpura are similar lesions up to. 10mm, whereas an ecchymosis is larger than 1cm in diameter [6]. Ecchymosis and extended sub mucosal bleeding are rarely seen in routine clinical practice. In this report we present intra oral sub mucosal hemorrhage following traumatic oral sexual activity. The patients described here have disrupted coagulation systems due to Immune Thrombocytopenic Purpura (ITP), anti-thrombotic medication and anticoagulant therapy.

2. Case Reports

2.1. Case 1

A 55-year-old Caucasian woman was referred to the Oral Medicine clinic due to a disturbing purple mass on the palate that appeared 24 hours before presentation (Figure 1). The patient is known to suffer from ITP with a platelet count of 20,000-40,000 per microliter. No history of trauma other than oral sexual activity was mentioned. No treatment was advised, and the patient recovered within a week.

Figure 1: Extended hematoma in patient no.1 with ITP.

2.2. Case 2

A 50-year-old Caucasian woman presented at the oral medicine clinic with a chief complaint of an itching sensation beneath her maxillary partial denture (Figure 2). The patient was medicated with sodium warfarin following an aortic valve replacement 15 years earlier. Examination revealed a palatal abrasion with extensive ecchymosis extending beyond the borders of the denture. She performed

a blood coagulation test, and her International normalized Ratio – INR was 3.1. The patient confirmed oral sex the evening before. With no treatment the lesion subsided within a week.

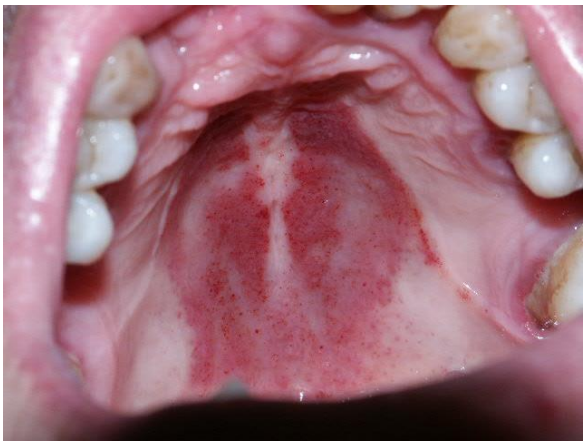

Figure 2: Hematoma in Patient No.2, using an anticoagulant. The white lines on either side of the red hematoma lesion deliniate the border of the denture.

2.3. Case 3

A 57-year-old Caucasian female presented at the oral medicine clinic with an unusual feeling on the palate for the last 24 hours (Figure 3). The patient has a long history of ischemic heart disease and underwent percutaneous coronary intervention following which she was given double anti platelet aggregate therapy: aspirin 100 mg and clopidogrel 75 mg per day. Oral intercourse was only confirmed on her second visit. An antiseptic oral rinse was prescribed, and all symptoms subsided within one week.

Figure 3: Palatal hematoma in patient No.3.

3. Discussion

Oral Soft tissue extravascular collections of blood may appear as red – purple to blue lesions on the tongue, cheek, base of oral cavity and palate. These lesions can be caused by infectious diseases and trauma or as a consequence of disrupted coagulation including blood disease, platelet dysfunction, anti-thrombotic treatment, vascular fragility, increased capillary pressure (caused by vomiting or choking) [5]. Current evidence based clinical guidelines for prescribing anti-thrombotic therapy recommend this medication for: primary and secondary prevention of ischemic heart disease, following percutaneous coronary intervention, chronic atrial fibrillation, thrombophilia's and other diseases [6]. All users of antithrombotic treatments should be informed of the possibility of traumatic blood extravasation from oral sexual activity. Even though palatal sub mucosal bleeding is harmless, it needs to be differentiated from other conditions that may present as sub mucosal accumulations of blood. Doughnut lesions, an erythematous papule with a pale center, located on the soft or hard palates is a presenting sign of Group A Streptococcal (GAS) pharyngitis [7, 8]. Their raised appearance allows differentiation from the flat oral lesion of fellatio [9]. Other infectious causes of palatal petechiae include rubella virus (Cheimer sign), cytomegalovirus, herpes simplex virus, human herpes virus 6 (roseola), Epstein-Barr virus, HIV, *Treponema pallidum*, and *Toxoplasma* [10]. A thorough review of these clinical conditions is beyond the scope of this article.

4. Conclusions

Protected oral sex is safe. Nevertheless, considering the increasing number of individuals prescribed anti-thrombotic medications, clinicians should be aware of the possibility of oral sub mucosal hematomas following fellatio. Patients should also be informed about this seemingly completely reversible phenomenon.

Disclosure and Conflict of Interests

None of the authors have any disclosures to make with no conflict of interest

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