

Medical Mysteries



"This won't humiliate you a bit."

sis: It was dry skin. He gave me samples of ointments and told me to call him in 2 weeks if the situation hadn't improved, and then we'd think about the next step—seeing a dermatologist.

"But I don't think we're headed down that road," he said with a confident smile.

TWO WEEKS LATER, at the dermatolo-

gist's office, I was given another thorough exam by a doctor wearing latex gloves. He, too, agreed that the skin was dry. However, the dermatologist, Dr. Connelly, had far more effective ointments. And if it didn't heal in 2 weeks, he would take a small biopsy "just to be sure." Then at least we'd have a handle on this whole thing and find "just the right ointment." That was just peachy. The word "biopsy" was scary enough—but hey, we weren't there yet. No reason to jump the gun.

TWO WEEKS LATER, I was waiting for my penis biopsy. When my name was called, I was suddenly aware of all the people sitting around me in Dr. Connelly's waiting room. I walked toward the open door with a bounce in my step. No way was I going to walk like a man who had a problem with his penis.

I couldn't imagine the C word being associated with any body part of mine, especially that one.

Dr. Connelly assured me it was going to be quick and painless. He'd have to inject an anesthetic at the base of the penis, but he'd be using a very tiny needle. I'm not sure why he thought that a tiny needle would make it more inviting. I also didn't need to see a tiny needle penetrating my wang, so I didn't look.

After the anesthetic kicked in, I felt nothing as Dr. Connelly worked. Ah, but my imagination was right there to supply all the emotional discomfort: A man was scraping flesh from my penis. Fortunately, it didn't take long. Dr. Connelly said it didn't look like anything serious at all, but we'd have to rule things out. "Hey, at least we'll know exactly what to call it," he said.

The following week, Linda, Dr. Connelly's nurse, phoned me—and damn if they hadn't

found something to call it: "Superficial skin cancer," she said.

TWO WEEKS LATER, I was back in the waiting room. I was in line for a Mohs' procedure, in which the doctor fillets a layer of skin at a time and looks for cancerous cells at the perimeter of the offending area. If he finds some, he does it again. And again—as often as he has to, until there's nothing left to fillet. They examine the tissue under a microscope while you sit and read magazines.

Superficial skin cancer. Sheesh. I simply could not imagine the C word being associated with any body part of mine, let alone that one. I wasn't too hot about the word "superficial," either. If it's superficial, then it's not worth having. It shouldn't even have the right to be called cancer and scare everyone (me) like that. And I didn't want the word "superficial" used anywhere near my penis. There's nothing superficial about it, thank you.

Finally, Linda called me in. She really did try her best to make the situation comfortable. She told me that during the operation I would have this nice, big, double-folded sheet over my lap. I'd be completely covered, except for the giant hole cut in the middle. Yeah, that's where the very thing I'm most embarrassed about showing off would protrude like a gopher poking its head out to see if all's clear.

It got even better when Dr. Connelly said he'd need Linda to assist. My heart sank. So did something else. Everyone knows a smart penis shrinks when it's scared. I had a damn thimble on my hands. I wanted to shout all kinds of disclaimers: "You should see this

thing in action! You could hurt yourself!"

But if there's one lesson I learned throughout this whole ordeal—beyond the devastating link between pride and penis—it's that it's impossible to maintain any significant level of embarrassment for a long period of time. You simply succumb. Soon I even stopped assuming they felt sorry for my wife.

I had to go in three times that day before he was finished. By the time I took my last long walk, I was actually looking forward to a third injection of anesthesia. I was getting healthy, after all. And the shots were making my penis extremely swollen. I found a reason to strut a little bit. My pride was returning. You know, we really are very resilient animals.

I'm happy to report that, a year later, I remain free of anything superficial. **MEH**

Skin Care, Down There

Because a healthy penis is a

EVEN IF YOU NEVER DEVELOP on your most valuable skin, tifflesh maladies in that area that canpanic attacks. Not to worry, says M.D., Ph.D., a professor of dermatology at the University of North Carolina at Chapel Hill. You simply need to identify what you're dealing with.

► **SUDDEN RED, ITCHY RASH: CONTACT DERMATITIS** (doctor-speak for allergic reaction). You could be allergic to your condoms, the detergent in your whites, or even the lotion or perfume your friend uses. One way to know for sure: your doctor do an allergy test. In the meantime, try a hypoallergenic detergent or a hypoallergenic condom, and pop an antihistamine like Benadryl or Claritin to relieve the

► **BRIGHT RED, ITCHY RASH WITH BUBBLES: JOCK ITCH** (jock itch). Switch to boxers. (Sorry, boxer briefs compromise.) Then slap on a little powder in the morning to keep your groin dry as you sweat through the day. In severe cases, your doctor might prescribe an antifungal cream.

► **PATCHES OF YELLOW, GREASY, SCALY SKIN: PSORIASIS** You might have similar patches on your elbows, knees, or scalp, and your fingers might begin to look bumpy. Swimming in salt water might clear this up. You can try hydrocortisone cream or a tar-based ointment like Neutrogena T/Gel. Tough cases require a prescription for a topical steroid or an anti-inflammatory cream.

► **REDNESS WITH YELLOW, GREASY SCALES, BUT NO BLEEDING: SEBORRHEIC DERMATITIS** This can also cover your face and you may develop it near your ears. Treat it with medicated sulfide shampoo, such as Selsun Blue, containing salicylic acid or ketoconazole.

► **RASH WITH WHITE, POWDERY BUMPY SKIN: ECZEMA** These also show up in the crooks of your elbows and on the backs of your knees. Treat with a steroid cream or Aveeno anti-itch lotion or a hydrocortisone cream. Prescription remedies include Zonalon.

► **ANY ONE OF THE ABOVE THAT DOESN'T GO AWAY AFTER TREATMENT, FOLLOWS BY BUBBLES: POSSIBLE SKIN CANCER** You'll need to visit a specialist for the affected area.