



Lipschutz ulcer: Rare cause of genital ulceration not to be ignored

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Clinical Image

Description

A 28-year-old female patient, having regular sexual intercourse with the same partner for 6 years, with no significant medical or surgical pathological history, including no recurrent notion of oral or genital aphthosis, and no medication, consulted for lesions 8 days before her consultation, three days before the onset of these lesions she had an influenza-like illness with high fever and chills.

On clinical examination, the patient was with a general condition preserved, who complained mainly of severe pain in vulvar ulcerations. Examination of the genital mucosa found two ulcerations with a clean bottom, and a fibrinous surface, approximately 5 mm in diameter at the level of the labia minora, symmetrical, with a mirror arrangement which respect the median line (Figure 1). The remainder of the gynecological examination showed no abnormality. There was no other mucosal lesion or locoregional lymphadenopathy. The rest of the exam was peculiar.

The biological assessment was without abnormalities, the serology of syphilis, HIV1 and HIV2, as well as the antigenemia p24 were negative, as well as HSV, CMV, the serology Epstein-Barr Virus (EBV) testified to an old infection (Ac anti -VCA IgG: 164.1 U / M1; Ab Ab-VCA IgM: Negative; Anti-Epstein Barr Nuclear Antigen IgG-positive).

The acute vulvar ulcer or Lipschütz ulcer has been reported as an underdiagnosed entity of unknown etiology, probably because of an exaggerated immunological reaction to Epstein-Barr virus. It is an exclusion diagnosis to be retained after discarding the etiologies of acute genital ulcers.

The patient was placed under local care with chlorhexidine and paracetamol regarding the pain with complete healing in one week (Figure 2) without squealed and without any recurrence after 1 year

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Figures



Figure 1

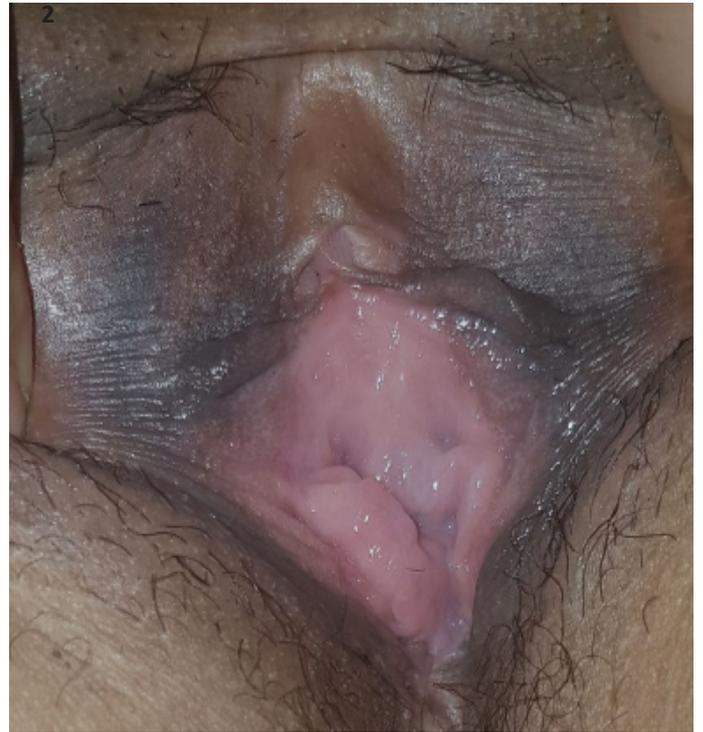


Figure 2