Unusual causes of genital ulceration presenting to Genitourinary Medicine clinic – a case series

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Introduction

Genital ulceration presents frequently at GUM clinics, with herpes simplex (HSV) infection being the most common aetiology. A diagnosis of HSV is distressing often with wide-ranging implications, particularly for relationships and future pregnancies. It is therefore important to consider other causes if atypical presentation, failure to respond to empirical therapy or negative HSV PCR from area of active ulceration.

Case 1

25 year old heterosexual female

- Presented with 3/7 vulval ulceration
- Reported prodromal sore throat and flu-like symptoms
- Examination - deep ulcers vulva, labia minora, posterior fourchette (see photographs 1a& 1b)
- Ulcers noted on oral mucosa. No eye or skin involvement CRP 120, ESR 80, ASOT titre 400, negative autoimmune screen, negative monospot
- 24 hours later... developed anterior uveitis and erythema nodosum
- Diagnosed with Behcet's disease – treated with prednisolone and mycophenolate mofetil

Photographs (with permission) 1(a), 1 (b)

Case 2

28 year old female

- Presented with 6/7 vulval ulceration
- Prodromal sore throat, headache, myalgia
- Sexual history not in keeping with primary HSV infection
- Known Graves' disease - on propylthiouracil
- On examination patient appeared unwell, low-grade pyrexia. Shallow vulval ulceration noted
- FBP – WCC 1.9; neutrophils 0.1. ESR 31
- Diagnosed with aphthous ulceration secondary to neutropenia
- Admitted for treatment of neutropenic-sepsis
- Required thyroidectomy with pathology revealing papillary carcinoma

Case 3

13 year old referred to GUM by SARC

- 4/7 history genital ulceration
- Prodromal flu-like symptoms
- Denied any prior sexual contact
- No concerning features of child sexual exploitation
- Further history established mother recently tested positive for Influenza A
- HSV PCR from fresh genital ulcers negative (taken at SARC)
- No response to empirical aciclovir given at SARC
- Subsequent nasopharyngeal swab confirmed Influenza A
- Similar case reported in literature of ulcus vulvae acutum in adolescent following Influenza A¹
- Case closed with SARC and Social Services

Discussion

This case series highlights several less common but important causes of genital ulceration. Full systemic history and clinical assessment is essential in those presenting with genital ulceration in whom an alternative diagnosis to HSV is possible. Follow-up for clinical resolution and to discuss results is recommended.