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Reactive nonsexually related acute genital ulcers

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A 19-year-old Japanese woman presented with a sudden onset of painful vulvar ulcerations, preceded by malaise and fever (approximately 39.0°C). The lesions had remained unchanged for 1 week, and the patient was referred to us. Physical examination revealed multiple ulcerations bilaterally on the labia minora (Figure 1). Laboratory test did not show positive findings of direct fluorescence antibody test and serum IgG and IgM antibodies for herpes simplex virus and rapid plasma regain (RPR) test for syphilis. There was no past medical history of note, and the patient had never had sexual intercourse. The clinical diagnosis of reactive nonsexually related acute genital ulcers was made after ruling out other conditions such as sexually transmitted diseases, systemic diseases, drug reactions, and trauma. The lesions showed improvement without specific treatment for 2 weeks and completely healed with no scarring in totally 4 weeks. The patient has been doing well without recurrence for 8 months.

Reactive nonsexually related acute genital ulcers, also known as acute vulvar ulcers or Lipschütz ulcers, present as acute painful genital ulcerations of the vulva or lower vagina.[1,2] These ulcers are traditionally considered to be more frequent in nonsexually active adolescent girls or young women, but can be found in women of any age, most of them sexually active.[2] The pathogenesis still remains to be elucidated, although viral or bacterial infections, such as cytomegalovirus, Epstein-Barr virus, and Mycoplasma pneumonia, are associated with the onset of the disease.[2] Testing for these agents should be considered during the clinical course. The diagnosis is mainly clinical and one of exclusion. Although there are no strict criteria for the diagnosis, the following characteristics are required: presence of one or multiple vulvar ulcerations; absence of immunodeficiency; and exclusion of other known causes of genital ulceration.[1] The differential diagnosis includes sexually transmitted infections (genital herpes, syphilis, HIV), local manifestations of systemic diseases (Behçet's disease, Crohn's disease, pyoderma gangrenosum), autoimmune blistering diseases (pemphigus, pemphigoid), and drug reactions.[3] In our case, the diagnosis of reactive nonsexually related acute genital ulcers was made after ruling out these conditions. Biopsy is not helpful for the diagnosis of acute genital ulcers because histopathological findings are often unspecific. Thus, we did not perform a biopsy. However, biopsy should be considered in patients who present with long-standing symptoms for more than 4 weeks. In most cases, the lesions recover spontaneously, and the treatment is supportive and includes pain control and wound care.[3,4] In our case, complete healing occurred in about 4 weeks without specific treatment with no scarring and no recurrence. Acute genital ulceration is frequently undiagnosed, and it can be a cause of anxiety to patients. Therefore, diagnosing this condition may relieve anxiety. Clinicians should consider this diagnosis in patients who present with these clinical manifestations.

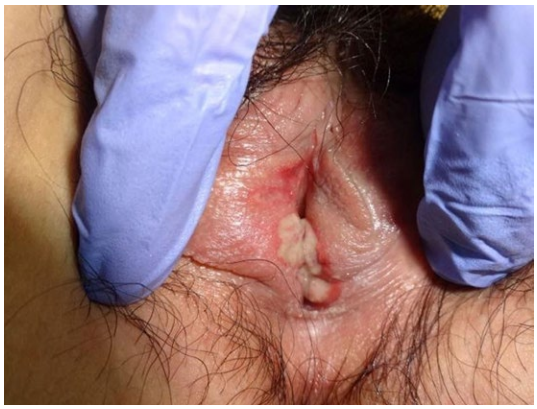

FIGURE 1 Multiple ulcerations on the labia minora of a 19-year-old Japanese woman

CONFLICT OF INTEREST

The authors have stated explicitly that there are no conflicts of interest in connection with this article.

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