



CASE REPORT: LIPSCHUTZ ULCER

Dermatology

Dr. Dhanashree Bhide MD (DNB), Senior Consultant & HOD, Department of Dermatology, Deenanath Mangeshkar Hospital & Research Centre, Pune.

Dr. Garavi Talati Resident Doctor, Department of Dermatology, Deenanath Mangeshkar Hospital & Research Centre, Pune.

Dr. Monal Sadhwani MD (DNB), Department of Dermatology, Deenanath Mangeshkar Hospital & Research Centre, Pune.

ABSTRACT

The diagnosis of genital ulcers remains a challenge in clinical practice. Lipschutz ulcer is a non-sexually transmitted rare and probably underdiagnosed condition. It is characterized by the sudden onset of painful vulvar ulcerations often preceded by febrile episode.

KEYWORDS

INTRODUCTION

The etiology of genital ulcers varies in different age groups with sexually transmitted infections being more common in reproductive age group. In pediatric age group non sexually, transmitted etiologies predominate. In this age group it is important to exclude history of sexual abuse especially when there is suspicion of sexually transmitted infection. A wide variety of etiologies such as autoimmune disorders, inflammatory processes, drug reactions, trauma, or malignant tumors can cause vulvar ulcers. The diagnosis is based on history and clinical examination. Appropriate investigations should be carried out based on clinical diagnosis. Here we report a case of Lipschutz Ulcer in adolescent girl following a febrile episode.

Case Report

A 13-year-old girl presented to our clinic with sudden onset of painful vulvar lesions since 3 days. There was history of fever 4 days prior to appearance of these lesions. The fever lasted only for one day and 4 days later she developed painful vulvar ulcers. She was treated with Amoxicillin and Clavulanic acid combination but ulcers showed no clinical improvement and the pain was very severe. On clinical examination there were two well defined discrete, round ulcers, with sharp margins. The ulcer on right labia majora measured around 10 to 12 mm. The base showed healthy granulation tissue with bleeding points. The ulcer on left labia majora measured 4 to 6 mm with base showing yellowish necrotic material (Fig : 1). On palpation ulcers were tender. There was no lymphadenopathy. Clinical diagnosis of Lipschutz ulcer was considered. Patient was given symptomatic treatment with topical 0.1 % Triamcinolone Acetonide twice a day for 7 days. The ulcer showed signs of healing as well as reduction in pain (Fig : 2). Patient was maintained on Mupirocin 2% ointment for next 7 days. The ulcers completely healed with minimal scarring in 2 weeks just by giving symptomatic treatment (Fig : 3).



Figure : 1

Figure : 2

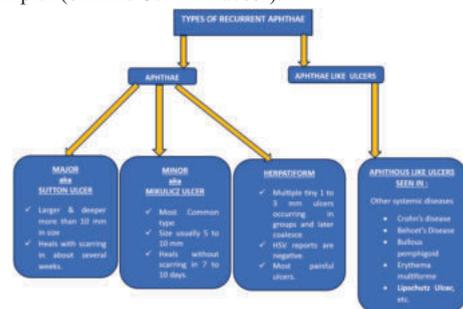
Figure : 3

DISCUSSION

"Lipschutz ulcer" or "Ulcus Vulvae Acutum," is an uncommon, self-limited, non-sexually transmitted condition characterized by the sudden onset of painful, necrotic ulcerations of the vulva or lower vagina. It typically occurs in adolescent females or young girls and may be preceded by flu-like symptoms such as malaise, fever, tonsillitis, and lymphadenopathy. The etiology remains unknown, however there is evidence indicating that systemic stressors often

precede presentation. It can be associated with infection with other viruses and bacteria, including cytomegalovirus, influenza A virus, influenza B virus, mumps virus, salmonella, mycoplasma, disseminated Lyme disease, and with group A Streptococcus. Cases have been reported after severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. The ulcers can also be seen after vaccinations.

According to one of the hypotheses, LU is a hypersensitivity reaction to a viral or bacterial infection, leading to the deposition of immune complexes in the dermal vessels followed by activation of the complement system, resulting in the formation of a microthrombus and subsequent tissue necrosis. Another hypothesis supporting ulcerations is virus provoked cytolysis followed by hematological spread of virus infected lymphocytes. It manifests as a single or multiple deep and painful ulcers on the vulva. LU can present with different morphological patterns, such as pseudo vesicles, herpetiform lesions, or ulcers with an eschar. There can also be bilateral kissing ulcers. The aphthae can be classified into Simple (only oral mucosa) and Complex (oral and Genital mucosa).



CONCLUSION

The presence of an erosion or ulcer in genitalia generally leads us to think of sexually transmitted infections. However, it is important to have a broader approach and consider non venereal causes especially in pediatric age and in sexually inactive patients. Lipschutz ulcers have is probably underdiagnosed entity. Acute painful genital ulcers in young girls following febrile illness should arouse suspicion of Lipschutz ulcers. It is a self limiting condition and does not require series of investigations. The focus of treatment should be on symptomatic relief. With high index of suspicion and based on clinical diagnosis the response to symptomatic treatment is excellent and hence they should not be burdened with unnecessary investigations and costly treatments.

REFERENCES

- Schmitt TM, Devries J, Ohns MJ. Lipschutz Ulcers in an Adolescent After Sars-CoV-2 Infection. *J Pediatr Health Care.* 2023 Jan-Feb;37(1):63-66. Doi: 10.1016/j.pedhc.
- Krapf JM, Casey RK, Goldstein AT. Reactive non-sexually related acute genital ulcers associated with COVID-19. *BMJ Case Rep.* 2021 May 5;14(5):e242653. Doi: 10.1136/bcr-2021-242653.
- Keogan MT. Clinical Immunology Review Series: An approach to the patient with recurrent orogenital ulceration, including Behçet's syndrome. *Clin Amp Exp Immunol* [Internet].