



What is your diagnosis?

Tanınız nedir?

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Lipschultz ulcer: A rare cause of acute genital ulceration

A 14-year-old female patient was admitted with complained of abrupt onset of pain in the genital region. She had viral-type complaints such as sore throat, fever, and fatigue over the past 3 days. She had lesions approximately 2-3 cm in size on the labia minora and majora and yellowish-gray necrotic ulcers on a bilateral, sharply circumscribed erythematous background. These lesions had a symmetrical appearance, also known as "kissing lesions" (Figure 1). This sexually inactive patient had no history of trauma, other diseases, or drug use.

During the examinations, herpes simplex virus 1-2 (HSV 1-2), human immunodeficiency virus (HIV), venereal disease research laboratory test, cytomegalovirus, *Chlamydia trachomatis*, varicella zoster virus immunoglobulin M, and Epstein-Barr virus tests were negative. Complete blood count was normal. Informed consent was obtained.

Diagnosis

Thus, Lipschutz ulcer was the clinical diagnosis based on the patient history and complete physical examination. However, further laboratory investigations may be required to exclude other causes of genital ulceration, including sexually transmitted diseases, Behçet's syndrome, inflammatory bowel disease, and autoimmune bullous diseases¹.

Patients are typically sexually inactive adolescent girls or young women who report the sudden onset of one or more vulvar ulcerations. The ulcers are usually large (>1 cm) and deep, covered with a red-purple border and a grayish



Figure 1. Labia minora and majora, and yellowish-gray necrotic ulcers with a bilateral, sharply circumscribed erythematous background. These lesions had a symmetrical appearance, known as "kissing lesions"

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exudate or an adherent gray-black scar with a necrotic base. Ulcers often involve the labia minora, but may extend to the perineum, vestibule, and lower vagina. A partially symmetric appearance (kissing lesions) is characteristic. Furthermore, it may be accompanied by labial edema and inguinal lymphadenopathy. Most patients report prodromal influenza-like or mononucleosis-like symptoms, including fever, malaise, tonsillitis, and lymphadenopathy. The disease course is self-limiting, with spontaneous resolution within 2-6 weeks^{2,4}.

The differential diagnosis of acute genital ulcers is comprehensive and includes sexually transmitted infections (HSV infection, HIV, and syphilis) and non-infectious causes of genital or orogenital ulcerations (complex aphthae, Behçet's syndrome, autoimmune bullous diseases, inflammatory bowel diseases such as Crohn's disease, and pyoderma gangrenosum)¹.

The recommended criteria for the clinical diagnosis of Lipschutz ulcer in an adolescent girl or young woman with a recent history of flu-like or mononucleosis-like symptoms include the following^{1,5}:

- Sudden start,
- Age <20 years,
- Presence of one or more deep, well-circumscribed, and painful ulcers with a necrotic base on the labia minora or majora,
- Double "kissing pattern",
- Absence of any sexual history or sexual contact in the last three months,

- Absence of immunodeficiency,
- Acute course that heals within six weeks.

Since Lipschutz ulcer heals spontaneously, treatment is primarily supportive and includes local hygiene, wound care, and pain control. Patients and parents should be informed that ulcers are not contagious or sexually transmitted, and recurrence is rare^{1,2,5}.

Ethics

Informed Consent: It was obtained.

Peer-review: Internally peer-reviewed.

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References

1. Bandow GD: Diagnosis and management of vulvar ulcers. *Dermatol Clin* 2010;28:753-63.
2. Huppert JS: Lipschutz ulcers: evaluation and management of acute genital ulcers in women. *Dermatol Ther* 2010;23:533-40.
3. Lipschütz B: Über eine eigenartige Geschwürsform des weiblichen Genitales (Ulcus vulvae acutum). *Arch Dermatol Syph* 1913;114:363-95.
4. Lorenzo CV, Robertson WS: Genital ulcerations as presenting symptom of infectious mononucleosis. *J Am Board Fam Pract* 2005;18:67-8.
5. Rosman IS, Berk DR, Bayliss SJ, White AJ, Merritt DF: Acute genital ulcers in nonsexually active young girls: Case series, review of the literature, and evaluation and management recommendations. *Pediatr Dermatol* 2012;29:147-53.