

IMAGES IN CLINICAL PRACTICE

LIPSCHUTZ ULCER: A DIAGNOSIS TO KEEP IN MIND

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Lipschutz ulcer, genital ulceration, adolescent.

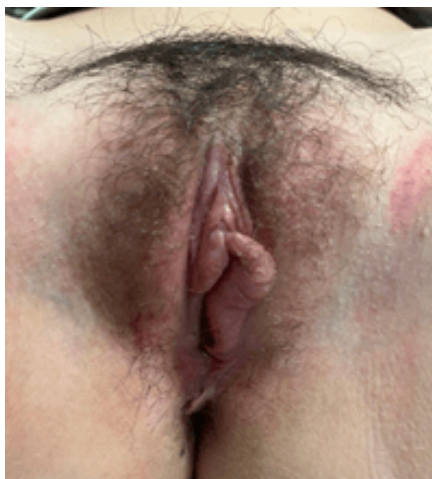
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A previously healthy 12-year-old girl, presented to the Emergency Department with fever, sore throat and painful vulvar lesions for the past two days. She denied sexual activity. Menarche was at 10 years of age. Physical examination revealed edema and erythema of the left labia minora and an ulcerated necrotic lesion on both sides of labia minora, mimicking a "kissing pattern", 15mm in diameter, with regular and well-circumscribed margins and an overlying grey exudate (Figures 1 and 2). She also had an infracentimetric left inguinal lymphadenopathy and enlarged tonsils with exudate. Serology confirmed acute Epstein-Barr virus (EBV) infection.

Figure 1. Edema of the left labia minora.



What is the diagnosis?

Lipschutz ulcer is an uncommon entity known as acute reactive genital ulcer not related to sexual intercourse, that affects mainly adolescents and young women.¹ It usually has an abrupt onset and is characterized by severe local pain and dysuria. A prodromal phase of viral symptoms such as fever, fatigue and malaise is frequent.²

Figure 2. Ulcerated and necrotic lesion with a "kissing pattern" and grey exudate, typical presentation of Lipschutz ulcer.



Although its etiology and pathogenesis are still unknown, a reactive process triggered by an infection is hypothesized, due to the deposition of immune complexes in the dermal vessels, causing microthrombosis and deep, necrotizing, painful ulcers.³ Cytomegalovirus, EBV, influenza, Salmonella and Mycoplasma have been associated with this entity. More recently, acute genital ulcers were reported following SARS-CoV-2 infection and vaccination.^{4,5} Differential diagnoses include venereal ulcers (e.g. herpes simplex virus, HIV and syphilis), autoimmune diseases (e.g. Behçet's disease, Crohn's disease, pyoderma gangrenosum and vulvar pemphigoid), trauma and malignant tumors.^{5,6} Diagnosis is made by exclusion. Treatment is mainly symptomatic with topical anesthetic and corticosteroids, with spontaneous cure in 2 to 6 weeks and rare recurrences.⁵ With this clinical case we want to highlight the importance of considering this diagnosis, since acute genital ulcers in a young adolescent can distress both patients, families and healthcare professionals.

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Compliance with Ethical Standards

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