GIANT CHANCROID
(A case report)

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Summary

A case of giant chancroid following rupture of inguinal bubo and having systemic symptoms is described. Response with Sulfa and streptomycin combination was excellent and the lesion healed completely in 3 weeks. Early diagnosis and treatment of chancroid will prevent this debilitating complication.

Chancroid or soft chancre, worldwide in distribution, is uncommon in western countries but fairly common in tropical and sub-tropical countries. It has been described as a disease of the socially unenlightened and economically unfortunate[1]. The usual clinical picture is of a single or multiple shallow ulcer(s) present on genitalia, which usually vary in size from few millimeters to 2 centimeters in diameter, having an irregular ragged undermined margin, the base being covered with a necrotic exudate. Only occasionally a very large ulcer may be seen. Recently we had seen one such case and considered worthwhile to report it.

Case Report

A 25 years old male, a frequent visitor to prostitutes was admitted to the hospital with history of a large painful ulcer in the left inguinal region of 10 days' duration, with low grade fever and arthralgia of almost the same duration. History revealed that 6 weeks earlier, about 2 days following an exposure patient had developed a small ulcer on glans which soon healed without any treatment. A week later he noticed a painful swelling in the left inguinal region which continued to increase in size for about 4 weeks despite various local and systemic therapies. It finally ruptured to discharge thick pus. The opening gradually increased to form an ulcer. During this time there was increasing local discomfort that it became difficult for the patient to walk straight. When the inguinal swelling reached a considerable size, patient developed fever, joint pain and feeling of malaise.

General physical and systemic examinations were normal.

On local examination there was present a large ulcer measuring about 8 cm × 10 cm in diameter in left inguinal region, 1-2 cm. below inguinal ligament and extending on to the medial side of the thigh (Fig. 1). The margin of the ulcer was irregular and ragged and its floor was covered with dirty yellowish foul smelling pus. On removing the

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Received for publication on 15—10—1979.

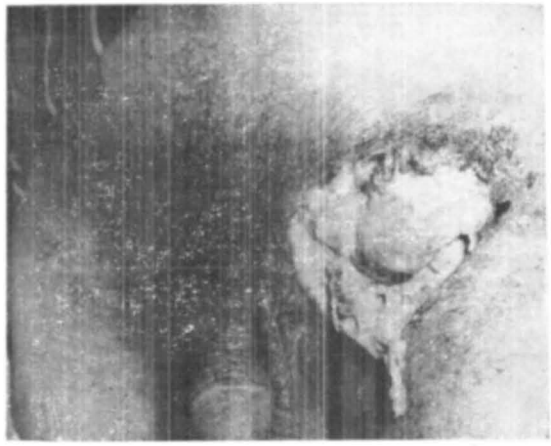

Fig. 1 Showing large ulcer in the inguinal region covered with thick pus.

pus, there was seen very vascular granulation tissue which was very tender to touch and bled easily. There was slight induration of the base. No other lesions on genitalia, mucosae or other parts of the body were seen. Investigations showed a hemoglobin of 9.4 gm/dl and ESR of 50 mm in 1st hour Westergren. Total and differential leucocytes and serum proteins were in normal range. Blood VDRL was non-reactive. Bacterial culture done at the time of admission from the base of the ulcer revealed a mixed growth of no significance. Tissue smear taken twice from the ulcer did not show donovan bodies. Biopsy taken from the ulcer showed atrophic epidermis with neutrophillic infiltrate at places between epidermis and dermis. Dermis was rich in capillaries with marked endothelial proliferation and hyalinisation of vessel wall. Chronic inflammatory infiltrate was present in the dermis. Biopsy was considered to be consistent with a diagnosis of chancroid. He was treated with sulfadiazine 4 gms per day and Streptomycin 1 gm intramuscularly daily. The ulcer healed completely in 3 weeks.

Discussion

Giant chancroid usually follows the rupture of an inguinal abscess (bubo). The ulcer forming at the point of rupture spreads by process of autoinoculation and contiguity and may extend over a very large area. Occasionally it may start as the classical small ulcer of chancroid which extends rapidly to cover a large area[2]. Out of the various described clinical variants of chancroid giant chancroid is extremely rare[3]. This is most likely due to the fact that effective chemotherapeutic agents are available and diagnosis at an early stage with prompt treatment is usually possible. Systemic reactions like malaise, low grade fever and arthralgias though rare, have been shown to occur in association with giant chancroid. Sulfonamides alone or in combination with trimethoprim or streptomycin remain a highly effective treatment. Tetracyclines can also be used effectively[4].

The usual routine in our hospital is to treat this condition with a combination of sulfonamides and streptomycin as recommended by Institute of Venereology, Madras. Our patient responded very well to the treatment.

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