

## COWPOX OF VULVA

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A case of cowpox of vulva in a 19-year-old rural girl was diagnosed clinically because of history of contact with cows and other animals, fever, typical umbilicated, circular, yellow, 2 to 10 mm pustules with associated oedema, erythema and lymphadenopathy. Diagnosis was confirmed histopathologically as there was marked spongiosis, reticular - degeneration and occasional intracytoplasmic inclusion body. She developed toxic erythema on 12th day of illness and was cured in 22 days.

**Key Word : Cowpox**

### Introduction

Although human cowpox has usually been regarded as an occupational disease of dairy farm workers yet it is likely that cows are not the natural host and reservoir of "cowpox" virus but that cows and humans both become infected accidentally, cows from the reservoir and man from either cows or the wildlife reservoir.<sup>1</sup> Transmission of cowpox virus infection from domestic cat to man was first reported in 1985.<sup>2</sup> The reservoir of cowpox virus may be wild rodents.<sup>3</sup> Indirect spread through scratches from contaminated barbed wire or brambles might be involved.<sup>4</sup> Cowpox virus infection localized to anogenital area in a case of Darier's disease was reported.<sup>5</sup>

### Case Report

One 19-year-old girl from rural area developed low grade fever and inflammation of vulva 4 days after shaving with razor and 3-4 days later noticed multiple vesiculopustules. She had routine contact with cows, buffalows and cats. Vaccination for smallpox was done only

in infancy. There was marked swelling of external genitalia and multiple tender discrete, well-defined, 2 to 10 mm yellowish, circular pustules with central umbilication were seen on the labia majora, labia minora and gluteal region (Fig. 1). Discrete, mobile, firm, tender

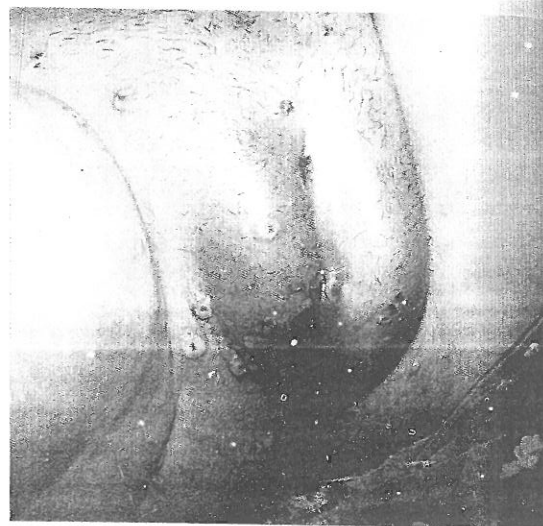


Fig. 1. Multiple, circular, umbilicated, 2 to 10mm papules of the anogenital area with oedema

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almond-sized inguinal lymph nodes were palpable on both sides. Two months prior

to illness she had delivered a normal baby per vagina. She developed erythematous maculopapular rash on 12th day of illness and it disappeared after 2 days.

Pus culture was sterile. Biopsy of a pustule revealed spongiosis, multilocular vesicle formation with reticular degeneration. Bullae contained predominately neutrophils and red blood cells. Occasional pink intracytoplasmic inclusion bodies were seen. Biopsy from morbilliform rash showed normal epidermis, dermal oedema, infiltration by inflammatory cells and dilatation of dermal vessels.

### Comments

Cowpox infection was clinically

differentiated from orf, milker's nodules, vaccinia and anthrax. Smears and culture of pus did not reveal any bacteria and histopathology confirmed the diagnosis.

### References

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