

## PSEUDOGRANULOMA INGUINALE

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Three cases having solitary genital sore, mimicked granuloma inguinale, but did not show Donovan bodies in crush preparations. Each responded to co-trimoxazole.

**Key words :** Genital sore, Pseudogranuloma inguinale.

There have been a few recent reports on genital sores resembling granuloma inguinale but revealing *Haemophilus ducreyi* on culture.<sup>1-3</sup> Olansky<sup>1</sup> observed 12 such cases and suggested the term *granulomatous chancroid*. Kraus et al,<sup>2</sup> using a new selective culture medium to isolate *Haemophilus ducreyi*, reported two cases of atypical chancroid with the clinical appearance of granuloma inguinale and used the term *pseudogranuloma inguinale* for such cases. Werman et al,<sup>3</sup> observed 16 patients with non-syphilitic genital ulcerations having clinical features of granuloma inguinale. *Haemophilus ducreyi* was isolated from seven of the eight consecutively studied patients from whom cultures were taken. We describe herein three more such cases recently observed by us.

### Case Reports

#### Case 1

A 25-year-old, unmarried male African student developed a soft, painless, rounded, elevated, easily bleeding and bright red ulcer of one month duration on the prepuce. It measured 1 × 1 cm. Inguinal region was normal. He admitted having sexual relations with the same prostitute off and on for six months. One and a half month earlier, he had the sexual contact with another prostitute in Delhi also. On the fourth day of appearance of the sore, he was given benzathine penicillin 2.4 mega units by a local practitioner but the lesion continued to increase in size.

Direct smear on Gram stain showed Gram positive cocci only. Dark ground examinations were negative for *Treponema pallidum*. Donovan bodies were not seen in crush preparations stained with Giemsa stain. Giant cells were absent. VDRL test was negative. A culture for *Haemophilus ducreyi* could not be done because of lack of facilities. The routine investigations were within normal limits. He was treated with tetracycline 500 mg, four times a day orally for 4 weeks but there was no response at all. He denied having missed any dose of the drug. Then he was put on co-trimoxazole (trimethoprim 160 mg and sulphamethoxazole 800 mg) twice a day orally. The ulcer showed 50% improvement within 5 days and disappeared totally in 15 days time. The patient has not turned up since 7 months.

#### Case 2

A 20-year-old unmarried Indian male student developed a soft, slightly tender, irregular, elevated, easily bleeding and bright red ulcer of 15 days duration on the prepuce and coronal sulcus near the frenum. It measured 2 × 1 cm. The inguinal region was normal. About a month back, he had sexual contact with a prostitute. He had also taken benzathine penicillin 2.4 mega units on the second day of developing the ulcer and there was no relief.

The laboratory findings were same as in case 1. The patient responded very well to co-trimoxazole.

#### Case 3

A 23-year-old unmarried African male student was seen with a non-tender, non-indu-

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rated, irregular, raised and bright red ulcer of 20 days duration on the coronal sulcus. The ulcer measured  $1.5 \times 1$  cm. There were no inguinal swellings. He admitted having sexual contact with various prostitutes off and on since long.

The laboratory findings were the same as in the other two cases. He responded similarly to co-trimoxazole.

#### Comments

The lesions of the cases described by Olansky,<sup>1</sup> Kraus et al,<sup>2</sup> and Werman et al,<sup>3</sup> resembled granuloma inguinale and *Haemophilus ducreyi* grew from the cultures of those lesions. Our all the three cases had solitary genital sore resembling granuloma inguinale but the Donovan bodies were absent in the crush preparations stained with Giemsa stain. Negative dark field microscopy and serological tests excluded

syphilis. History, morphology, and lack of the giant cells went against the diagnosis of herpes genitalis. Although *Haemophilus ducreyi* could not be cultured because of non-availability of special culture media, we believe that our cases were similar to those of Olansky,<sup>1</sup> Kraus et al,<sup>2</sup> and Werman et al.<sup>3</sup> A good therapeutic response to co-trimoxazole further supports our belief.

#### References

1. Olansky S : A new sexually transmitted disease or an old disease uncovered ? Arch Dermatol, 1982; 118 : 449.
2. Kraus SJ, Werman BS, Biddle JW et al : Pseudo-granuloma inguinale caused by *Haemophilus ducreyi*, Arch Dermatol, 1982; 118 : 494-497.
3. Werman BS, Herskowitz LJ, Olansky S et al : A clinical variant of chancroid resembling granuloma inguinale, Arch Dermatol, 1983; 119 : 890-894.