

CASE REPORT
LUPUS VULGARIS OF THIGH AND VULVA
(with pseudo-elephantiasis of Vulva) a case report

By

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Though Cutaneous Tuberculosis is not uncommon in our country, Lupus Vulgaris of the external genitalia is rare.

CASE REPORT

Veeramma, a Hindu Girl, aged 12 years was seen in Skin O. P. for non-healing ulcers on the thighs and vulva—duration 2 years.

History. About 5 years ago she had multiple swellings and chronic discharging ulcers in the neck, axillae, and groins. They "healed" after treatment with some injections (name of the drug not known) in her village for 3 to 4 months. But for the past 2 years she has been developing papules and plaques on the upper part of left thigh, vulva, pubic region, and right thigh in the order of evolution.

LOCAL EXAMINATION

There was a large roughly triangular ulcer, about 5" on each side, on the medial aspect of the upper part of the left thigh with a base near the left labium majus. In the Centre there was a hypertrophic depigmented scar. At the periphery there were several hypertrophic plaques consisting of grayish white papules. Similar papules were also present on the right labium majus, mons-veneris and right thigh. There was marked hypertrophy of both labia majora (Pseudo-elephantiasis) (Fig. 1) The labiaminora and clitoris were normal. Hymen was intact,

GENERAL EXAMINATION

The child was of below average built. She was 4 feet tall and weighed 50 Lbs. There were multiple, round to oval atrophic scars in the neck, axillae and groins suggesting healed scrofuloderma.

Investigations. Total white cell count 9,800/ c. mm. Differential count Polymorphs. 59%, Lymphocytes 26%, Eosinophils 15%.

E. S. R. 46 mm/1 hr., V. D. R. L. Test—negative.

Skigram of chest Normal; Mantoux Test (1 in 10,000 dil) (Strongly positive) 22 mm. nodule, Tissue Smear for A. F. B. Negative, Tissue smear for Donovan Bodies repeatedly Negative. Routine Urinalysis Nil Abnormal, Motion: Ova of round worm present. (Urine Culture for A. F. B. and Animal inoculation tests were not done).

Biopsy. Shows tubercles with collections of epithelioid cells, a few Langhan type Giant cells and a peripheral zone of Lymphocytes, compatible with a diagnosis of Lupus Vulgaris.

Treatment. The child was admitted to the ward for investigations. An evening rise of temperature by 1 to 2° F was observed. She was treated with streptomycin 1/2 G. I. M. daily and I. N. H. 50 mgm. T. Ds. for 6 weeks. She was discharged at request and was treated in the outpatient department with streptomycin I G. twice a week and I. N. H. 50 mgm. T. D S. and Vitamins. Seen after 4 months, the therapeutic response was very satisfactory. She gained in weight by 10 Lbs., E. S. R. Came down to 30 m. m. and the ulcer was healing well.

DISCUSSION.

Callomon and Wilson¹ have stated that "Lupus Vulgaris of the Vulva, Penis, and Scrotum is the rarest form of Tuberculosis of the external genitals. Exceptioally this part of the body may be one of the locations of wide spread Lupus Vulgaris. Less uncommon is extension from the neighbouring site". They describe 3 types of Lupus Vulgaris of genital area. (1) Hypertrophic type with edema and elephantiasis thickening, (2) Serpiginous scaly type (3) Ulcerative type. Ormsby and Montgomery² have also mentioned that "Lupus of the Genital region has been described but is of rare occurrence". In a large series of 336 cases of Tuberculoderma reported by Satyanarayana³ there was apparantly no case of Lupus Vulgaris involving the vulva. Rangiah⁴ et al in an article on "Tuberculosis in the practice of venereology" have described Tubercular ulcers of the external genitalia in 3 females. But there was no case of Lupus Vlgaris of the Vulva.

COMMENT

In our experience Tuberculoderama of even the gluteal region is not uncommon but Lupus of the Vulva is rare. In the case reported above it is difficult to say whether it is due to reactivation of the underlying apparently healed scrofuloderma or whether it is due to reinfection on a partially immune soil.

SUMMARY

A case of Lupus Vulgaris of the thigh and vulva with Pseudo elephantiasis of vulva in an Hindugirl is reported.

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REFERENCES

1. Callomon, F. T. and Wilson J. F.—The non-venereal diseases of the Genitals; Charles C Thomas Publishers. Spring Illinois, U. S. A. 1956.
2. Ormsby O. S. and Montgomery, H; Diseases of the Skin, Edn. 8, Lea and Febiger, Philadelphia. 1954.
3. Satyanarayana., B V. "Tuberculodermas" Indian Journal Dermt & Ven. Vol. 29 P-25-41, 1963.
4. Rangiah, P. N. et. al: "Tuberculosis in the practice of Venereology" Mediscope, Vol. 6. P. 437-452.