ORAL GRANULOMA VENEREUM

Ву

SARDARI LAL * S. ARUNTHATHI ** AND K. L. SAWHNEY ***

Granuloma Venereum is a chronic slowly progressive, mildly contagious disease of venereal origin characterized by granulomatous ulceration in the genitalia and neighbouring sites. Rarely oral lesions occur in addition to the other lesions. The occurrence of oral lesions alone is very rare. Rajam and Rangiah (1954) found two cases showing oral lesions alone in a series of 858 cases of the disease. In this communication, we report two cases of the disease showing only oral lesions.

CASE REPORTS

Case No. 1. P., 30 years old male, first reported in the E. N. T. out-patient department with complaint of ulcers in the mouth with intense itching and burning sensation for the past 2 years. One month before the onset of mouth ulceration, the patient had extramarital sexual contact which was followed by development of an ulcer on the penis 2 days later and a swelling in the right inguinal region one week later. He took some injections and these lesions healed well. One month after the extramarital contact, the patient noticed ulcers on the front part of the palate. The ulceration continued to spread to other areas of the oral cavity while the old lesions healed. The patient took various types of treatment but could not be cured. He denied any history of perverted sexual contacts.

Examination of the oral cavity showed granulomatous ulcers in the hard and soft palate (Photograph). There were areas of hyperpigmentation surrounding depigmentation around the ulcers and on the mucosa on inside of the cheeks. Genital examination revealed a scar on the frqenal region. Inguinal and submandibular lymph nodes were just palpable. Blood V.D.R.L. test was negative. Tissue smear from an ulcer showed organisms resembling Donovania granulomatis. The patient was given achromycin in the doses of 500 mgs. 6 hourly by mouth for 16 days and the ulcers healed completely.

Case No. 2. R., 43 years old male, first attended the surgical out-patient department of our hospital. He complained of an ulcer on the palate for the past 6 months. About one year prior, the patient had an extramarital sexual contact. About 4 months after the extramarital contact, he developed an ulcer on the penis which he led in about 20 days as a result of treatment in the form of some injections. Patient stated that he was in habit of using tooth powder on finger tips for cleaning his mouth in the mornings.

^{*} Assistant Professor in V. D. and Dermatology. ** Registrar in V. D. and Dermatology. *** Assistant Professor in E. N. T.

Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry-6. Received for publication on 18-2-1970.

Examination of the oral cavity showed a granulomatous ulcer on the right side of the palate in the area adjoining the molar teeth. Further a granulomatous papular lesion was seen on the gum on the outside of the first upper right molar tooth. The genitalia did not show any ulcer or scar. Inguinal and submandibular lymph nodes were not enlarged. Blood V.D.R.L. test was positive 1:2. The tissue smear from the ulcer on the palate showed organisms resembling Donovania granulomatis. The patient was given achromycin in the doses of 250 mgs 6 hourly by mouth for 20 days and the lesions healed completely.

DISCUSSION

Our patients presented with complaint of chronic ulceration in the oral cavity. There are numerous causes of chronic ulceration in the oral cavity. So such an occasion may pose a diagnostic problem. We suspected the diagnosis of granuloma venereum because of chronic granulomatous ulcers and proved the same by demonstrating the causative organisms in the tissue smears. Patients with chronic oral ulcerations may consult general surgeons, dental surgeons, E.N.T. specialists, physicians or dermatovenereologists. Our case No. 1 first attended the E.N.T. out-patient department while case No. 2 first reported in the surgical out-patient department. As such, it may be rewarding to think of granuloma venereum amongst the other causes of chronic ulceration especially when the diagnosis is obscure.

SUMMARY

Granuloma venereum showing oral lesions only is reported to be very rare. Two cases of the disease having oral lesions only are reported. It is brought out that it may be rewarding to think of granuloma venereum amongst the other causes of chronic oral ulceration especially when the diagnosis is obscure.

ACKNOWLEDGEMENTS

We are thankful to the Principal of our Institute for permission to use the hospital records for this publication.

REFERENCES

Rajam, R. V. and Rangiah, P. N., Donovanosis (Granuloma inguinale, Granuloma venereum), W.H.O. Series No. 24, Geneva, 1954.