

## VULVAL ULCERS

Disease	Organism	Clinical features	Pain	Scarring	
Lymphogranuloma venereum	Chlamydia trachomatis	Small ulcer, if untreated can lead to lymphatic obstruction	No	Yes	May be systemic features in second stage
Syphilis	Treponema pallidum	Primary chancre usually found on vulva	No	No	Condylomata lata and linear ulcers can occur in second stage
Chancroid	Haemophilus ducreyi	Multiple ulcers (necrotic base) and lymphadenopathy	Yes	Yes	Can involve perianal area
Donovanosis	Klebsiella granulomatis	Deep red ulcers	No	Yes	Inguinal lymphadenopathy common
Herpes simplex	HSV2 but 50% genital infection may be HSV1	Vesicles which then ulcerate	Yes	No	Prodromal symptoms of tingling and pain may occur
Amoebiasis	Entamoeba histolytica	Abscess which rupture to form large ulcers	Yes	Yes	Usually intestinal and liver infection at the same time
Lipschutz ulcer	Associated with EBV etc	Rapid onset large ulcers, 'kissing' lesions	Yes	No	Usually young females

## Further reading

Bohl TG. Vulvar Ulcers and Erosions: A Clinical Approach. Clin Obstet Gynecol. 2015 Sep;58(3):492-502.

Kirshen C, Edwards L. Noninfectious genital ulcers. Semin Cutan Med Surg. 2015 Dec;34(4):187-91.

Zare SY. Infectious disorders of the vulva. Semin Diagn Pathol. 2021 Jan;38(1):19-26.

Anogenital Crohn's Disease and Granulomatosis: A Systematic Review of Epidemiology, Clinical Manifestations, and Treatment  
Honap S et al. 2021  
<https://academic.oup.com/ecco-jcc/advance-article/doi/10.1093/ecco-jcc/jjab211/6432413>