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Case presentation
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Case History

F/ 40
Multiparous
Good past health

Referred from general practitioner for recurrent painful labial ulcers for 5 months
Investigations and management by private GP

Investigations:
- VDRL: negative
- Vulval swab: commensals (Staphylococcus)

Management:
- Multiple courses of broad spectrum antibiotics
Vulval ulcer

What are your differential diagnosis?
Gyn New Case

P/E:
No peripheral lymphadenopathy

3cm ulcer over the left lower labia majora
Vagina/ Cervix – normal
Vulval biopsy was taken under LA
Investigation results

- Vulval biopsy: non-specific ulcer
- PS – ASCUS, HRHPV negative
- Stains for fungus, bacteria, acid fast bacilli and herpes simplex virus – all negative
What will be your management?
Colposcopic findings
Colposcopic findings
Colposcopy Clinic

Colposcopic findings:
- Cervix: unremarkable
- Vagina: 4 ulcers seen within the vagina, scattered over the right and left vaginal wall and fornices, 1-2cm each.
  - No acetowhite lesion seen
- Vulva: left lower vulval ulcer measuring 2x3cm with slightly raised edges.
  - Another healed scar over the right vulva.

- Biopsies were taken over the cervix, vaginal and vulval ulcers
Histological findings
Histological report

Pathology:

Cervix – cervicitis
Vaginal and vulval ulcer – non-specific ulcers, with no evidence of malignancy.
What else can be done?
Systemic Review

History taking:
- Recurrent mouth ulcers
- Bruising over both shins
- No eye or joint pain

Physical examination:
- Multiple small aphthous mouth ulcers
- Erythema nodosum over both shins
Systemic Review
Investigations

- Autoimmune screening (ANA, RF, C3, C4) – all normal
- HIV serology – negative
What is your diagnosis?
Causes of vulvar ulcers are diverse, they can be classified into:

- **Infectious**
  - Sexually transmitted infections e.g. herpes simplex virus (HSV), syphilis, chancroid, granuloma inguinale, and lymphgranuloma venereum
  - Secondary bacterial or fungal infection

- **Non-infectious**
  - Psoriasis
  - Behcet’s disease
  - Wegener granulomatosis
  - Fixed drug eruption
  - Malignancy
# Behcet’s Disease I
## Diagnostic Criteria

<table>
<thead>
<tr>
<th>Recurrent oral ulcers</th>
<th>Aphthous ulcers noticed by patient/physician, 3 episodes in 12 month period</th>
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<td>Plus 2 of following:</td>
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<td>Recurrent genital ulcers</td>
<td>Aphthous ulcers or scarring noticed by patient/physician</td>
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<tr>
<td>Eye lesions</td>
<td>Anterior/posterior uveitis on slit lamp, retinal vasculitis by ophthalmologist</td>
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<tr>
<td>Skin lesions</td>
<td>Erythema nodosum observed by patient, papulopustular / pseudofolliculitis with acneiform nodules noticed by physician</td>
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<td>Pathergy test</td>
<td>Interpreted at 24-48 hours</td>
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Behcet’s disease
Any gynaecological concerns?

- Distribution
- Use of colposcopy
- Abnormal PS
- Risks of gynaecological malignancy
Distribution

- Ulcers are typically found on the labia majora, but can occur anywhere over the genital tract, perineum and perianal skin.
- Can potentially lead to fistula formation with the urethra or bladder.
- Search for scars over the perineal skin, even in the absence of active clinical disease is important.
Use of colposcopy

- Literatures have not studied on the effectiveness of colposcopy and biopsy in the diagnosis of Behcet’s disease
- Has a role in a more detailed evaluation of the genital tract
- To rule out the possibility of malignancy
- Histopathological results are typically non-specific with chronic active inflammation and necrosis
Abnormal Pap Smear

- Abnormal cervical cytology, acetowhite epithelium and iodine-negative epithelium on colposcopy were more common in Behcet’s disease patients
- The rate of abnormal histopathology was similar
- The majority of the ASCUS results revealed a normal finding after cervical histopathology in patients with Behcet’s disease
- This was postulated to be caused by the benign inflammatory changes in the cervical epithelium

Behcet’s disease
Risks of malignancy

- Malignancy is rare in Behcet’s ulcers
- Squamous cell carcinoma in a chronic genital ulcer has been reported in female patients with Behcet’s disease
- It might be expected that the disease may lead to abnormal cervical or vaginal epithelial changes
Lesson to learn

- Importance of systemic review in a patient presenting with recurrent genital ulcers
References

thank you.
Questions are guaranteed in life; Answers aren't.