

# Use of colposcopy in a patient with recurrent genital ulcers

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## Case

The patient was a 40-year-old female with a 5-month history of recurrent painful labial ulcers in December 2013. Investigations by a private physician revealed a negative VDRL (Venereal Disease Research Laboratory) test and vulval swab culture grew commensals only. The ulcers, however, failed to heal following treatment with antibiotics.

Vulval biopsy was performed at her first visit and histopathology report revealed only a non-specific ulcer with negative stains for fungus, bacteria, acid-fast bacilli, and herpes simplex virus. Papanicolaou smear showed atypical squamous cells of unknown significance (ASCUS).

In the absence of any obvious pathology for the non-healing ulcer, colposcopy was arranged: four ulcers were identified within the vagina, scattered

over the right and left vaginal walls (Fig 1). A left lower vulval ulcer measuring 3 cm with slightly raised edges was also seen (Fig 2). Biopsies were taken over the cervix, vaginal, and vulval ulcers. Histopathology of these biopsies confirmed the presence of cervicitis and ulcers, with no evidence of malignancy.

Upon systemic review, the patient revealed that she had been suffering from recurrent mouth ulcers and bruising over both shins. Subsequent examination revealed multiple aphthous mouth ulcers, as well as erythema nodosum over both shins.

Based on the clinical signs, a diagnosis of Behçet's disease was made. The patient was commenced on prednisolone, and all ulcers had healed at subsequent follow-up.

## Discussion

Behçet's disease is a rare cause of genital ulceration. It is a multisystem vasculitic disorder and the diagnosis is based on clinical criteria.<sup>1-4</sup> Our patient fulfilled the criteria of recurrent oral and genital ulcerations as well as a cutaneous manifestation.

Although there is little published evidence to support the value of colposcopy and biopsy in the diagnosis of Behçet's disease, colposcopy enables a more detailed evaluation of the genital tract, and can be used to exclude the possibility of malignancy. Histopathological results in Behçet's ulcer are typically non-specific with chronic active

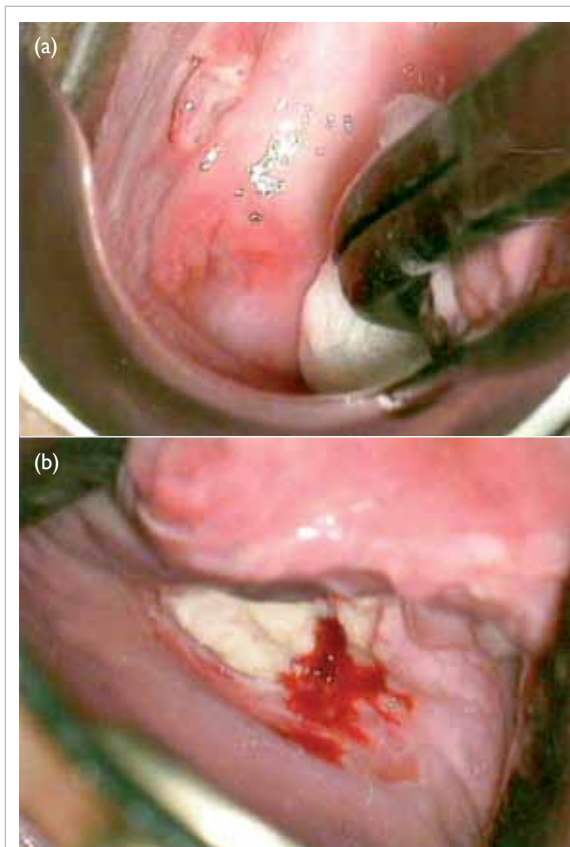


FIG 1. An ulcer over (a) the right vaginal fornix and (b) the left vaginal wall



FIG 2. A 3-cm left lower vulval aphthous ulcer over the labia majora with well-demarcated border, and slightly raised edges; the surrounding skin is mildly erythematous and indurated

inflammation.

Papanicolaou smear in our patient showed ASCUS, but histopathology result for the cervix was normal. In a prospective study by Özdemir et al,<sup>2</sup> abnormal cervical cytology, acetowhite epithelium, and iodine-negative epithelium on colposcopy were more common in Behçet's patients. Nonetheless, the majority of ASCUS results revealed a normal finding for cervical histopathology. It was suggested that this was due to the benign inflammatory changes in the cervical epithelium.<sup>2</sup>

As in this case, diagnosis for recurrent genital ulcers can be difficult although when information about oral ulcers became available, a diagnosis of Behçet's became more obvious. A complete history and physical examination that pays particular attention to signs or symptoms of an underlying associated systemic condition are essential when evaluating patients with recurrent genital ulcers.

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