

# Sclerosing granuloma inguinale

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**SUMMARY** A 21-year-old European male patient presented with a penile sore of two months' duration. Donovan bodies were detected in a tissue smear from the lesion, which healed after treatment with co-trimoxazole. Sclerosing granuloma inguinale was diagnosed.

## Introduction

In 1905 Donovan in Madras first described the organism which bears his name as a bacillus with rounded ends and demonstrated it in material from an oral granuloma of a patient who had similar genital lesions. Granuloma inguinale is generally regarded as being a venereal disease, although some authorities are unconvinced that this is so. It has a low incidence compared with other venereal diseases, even in the countries where it is endemic. Rajam and Rangiah<sup>1</sup> stated that the incidence of granuloma inguinale in Madras, India, was about 1.5% of all venereal diseases, and Lal and Nicholas<sup>2</sup> found an incidence in Pondicherry, India, of about 5.3% of all venereal diseases. In 1977 the annual report of the Department of Health and Social Security<sup>3</sup> stated that the incidence of granuloma inguinale was 0.15 per 100 000 population of all ages seen at hospital clinics in England. The sclerotic type of lesion of Donovanosis is less commonly seen than the fleshy type and is said to be uncommon in men.<sup>1</sup>

## Case report

A 21-year-old Caucasian, single, heterosexual, male student came to the department of genitourinary medicine at University College Hospital in May 1979 with a sore on the penis of two months' duration which was accompanied by a "pulling" sensation in the foreskin. He admitted sexual intercourse with a few casual contacts during a visit to India a few months previously. Most of these were in Poona in the central part of India and in Vijaya Nagar in the southern part. He denied any recent sexual contacts in the United Kingdom. He said he had been treated

for gonococcal urethritis two months previously with an injection of penicillin, and neomycin cream had then been prescribed for the present sore by a doctor in Vijaya Nagar.

## CLINICAL EXAMINATION

On examination, a transversely placed, painless, slit-like lesion with an everted margin was present on the inner aspect of the prepuce (fig 1). No other skin lesions or lesions of the mucous membrane were present and the inguinal glands were not enlarged. The urinary meatus was normal. General physical examination showed no abnormalities.



FIG 1 *Slit-like lesion in the prepuce.*

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## LABORATORY FINDINGS

A tissue smear from the margin of the lesion stained by Giemsa's method showed Donovan bodies in the cytoplasm of large mononuclear cells with multiple vacuoles (fig 2). Darkground examination for *Treponema pallidum*, rapid plasma reagin (RPR) test, *T pallidum* haemagglutination assay (TPHA), and fluorescent treponemal antibody-absorption (FTA ABS) test gave negative results. Culture for herpes simplex virus, microscopy, and culture of urethral specimens for *Neisseria gonorrhoeae* and cell culture for *Chlamydia trachomatis* gave negative results. A two-glass urine test was normal.

## TREATMENT

The patient was treated with co-trimoxazole tablets, two twice daily for 14 days. No local medication was prescribed for the sore. During treatment healthy granulation tissue was noticed and by the end the lesion had healed. The patient failed to attend for further assessment. His sexual contacts were abroad and untraceable.

## Discussion

Granuloma inguinale has its highest incidence among coloured races; Europeans living in the tropics rarely contract this infection.<sup>1</sup> This case report illustrates that Caucasian patients are susceptible.

The sclerotic lesion is an unusual clinical presentation, and Donovan bodies are rarely detected in smears from lesions of this type.<sup>1</sup> Although the detection of Donovan bodies is difficult in fibrous tissue, in this case tissue smear stained by Giemsa's method showed their presence.

A biopsy specimen was not examined because Donovan organisms were identified in the tissue smear. Rajam and Rangiah<sup>1</sup> stated that in a busy venereal diseases clinic a properly obtained tissue smear stained by Leishman's method is simple, rapid, and reliable for the diagnosis of Donovanosis and that biopsy is indicated only when repeated tissue smears fail to show Donovan's bodies or when the lesion is possibly malignant or both.

The inguinal glands were not enlarged in this patient; this is one of the diagnostic hallmarks of the

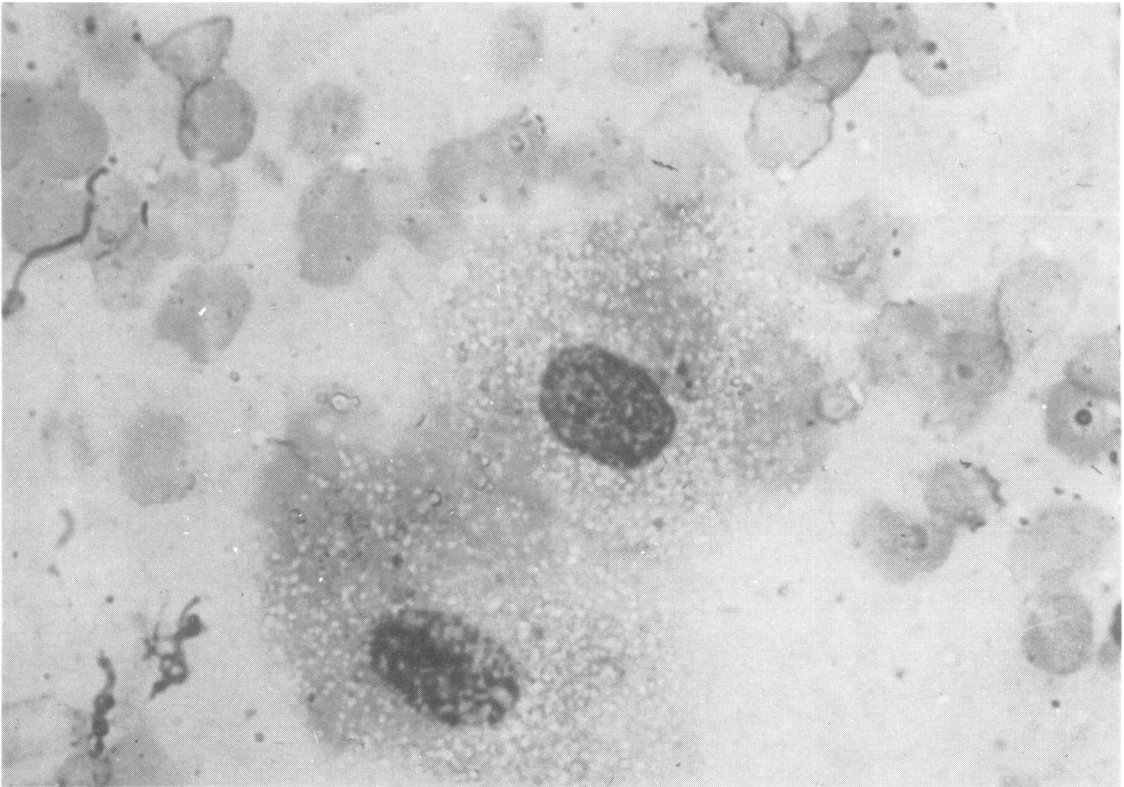


FIG 2 Two large mononuclear cells with Donovan bodies and multiple vacuoles in the cytoplasm. Tissue smear, Giemsa staining, magnification  $\times 1200$ .

disease, even in long-standing cases.<sup>1</sup> Sclerosing granuloma inguinale may predispose to deformities in the affected areas: in this patient such sclerosis was suggested by a "pulling" sensation in the prepuce.

Streptomycin sulphate is the traditional treatment for granuloma inguinale. However, Garg *et al*<sup>4</sup> prescribed co-trimoxazole, four tablets daily for 10 days, for 10 patients with the disease and found complete healing of the ulcers in all the patients. This drug was also effective in the patient described here.

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