Traumatic ulceration of the cervix

Case report

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SUMMARY A 19-year-old woman with persistent biological false-positive reactions to serological tests for syphilis developed multiple elliptical ulcers of the cervix from the use of a vaginal vibrator. This adds one more aetiological agent to the differential diagnosis of cervical ulceration.

Introduction

A number of adornments, prostheses, and other devices used by male homosexuals can cause varying types of trauma to the genitals.¹ We report here a case of traumatic cervicitis, which superficially resembled multiple chancres but gave persistent biological false-positive reactions to serological tests for syphilis.

Case report

A 19-year-old woman attended the Boston Dispensary skin clinic in February 1981 for routine examination for sexually transmitted diseases (STD). She was intending to live with a new boyfriend and wanted to be sure she had no STD. Clinical examination showed no evidence of early symptomatic syphilis or congenital syphilis. The results of a cervical smear and culture for *Neisseria gonorrhoeae* were negative. A wet preparation also gave negative results for *Trichomonas vaginalis* and *Gardnerella vaginalis*. The rapid plasma reagin (RPR) test for syphilis was reactive at a dilution of 1/2, but the fluorescent treponemal antibody-absorption (FTA-Abs) test was non-reactive. A repeat test gave the same results, which were then regarded as biological false-positive reactions. Surface antigen and antibody tests for hepatitis B gave negative results, as did those for autoimmune disease. She admitted to having injected herself with heroin intravenously at intermittent intervals over the previous two years but was not addicted to the drug.

She next attended six months later because her boyfriend had a genital sore, which was found to be

FIG 1 Ulceration of the cervix

traumatic ulceration from fellatio; his RPR and FTA-Abs test results were non-reactive. Nevertheless, the patient had multiple ulcers on her cervix, which were elliptical rather than "punched out"; the fornices were also red and eroded (fig 1). No adenopathy, labial lesions, or body rash were present. She denied that she or her boyfriend used any vaginal device. Darkfield examination gave negative results, the RPR test was reactive at 1/2, and the FTA-Abs test was non-reactive.

She was treated prophylactically with benzathine penicillin G 2.4 million units and asked to return in a week. At this visit she confessed to using a vaginal vibrator, which moved in a circular motion; this explained the cervical ulcerations. A month later the lesions had healed.

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Comment

Vaginal vibrators are of three types: one is stationary, another moves backwards and forwards like a piston, and a third (the type our patient used) has a rubberised “penis”, which moves slowly in a circular motion (fig 2). All are battery or electrically operated and are provided with a lubricant.

Although not new, vaginal vibrators add one more aetiological agent to the differential diagnosis of cervical ulceration.

FIG 2 *A vaginal vibrator*

Reference

1. Willcox RR. Sexual behaviour and sexually transmitted disease patterns in male homosexuals. *Br J Vener Dis* 1981;**57**:167-9.