Chronic penile ulcer as the first manifestation of HIV infection

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Accepted 22 July 2017

DESCRIPTION

A 25-year-old heterosexual man, with no relevant medical history, presented to our department with a chronic painful penile ulceration with 6 months of evolution. The lesions consisted of an extensive ulceration on the dorsum of the penis and an area with the loss of the part of the preputial tissue, distally (figure 1). Additionally, bilateral inguinal lymph nodes enlargement was detected. No other symptoms were reported. The patient had been previously treated by his general practitioner with ceftriaxone and ciprofloxacin, with no improvement. PCR analysis detected herpes simplex virus (HSV-2) in the smear from the ulcer exudate and was negative for cytomegalovirus and Epstein-Barr virus infection. The screening for sexually transmitted diseases showed positivity for HIV-1 with CD4 count 84/μL. The patient initiated valacyclovir and was immediately referred to the infectious diseases department to initiate an antiretroviral therapy. Three weeks later, the ulcer was completely healed, leaving a hypopigmented macule on the dorsum of the penis (figure 2).

Genital ulcers are common manifestation of infectious diseases. In developed countries, the most frequent aetiological agents are *Treponema pallidum*

Figure 2 Healed lesion after 3 weeks of treatment with valacyclovir 1g two times daily.

Figure 1 Exudative ulcer with irregular borders on the dorsum of the penis.

and HSV type 1 and 2, the latter being the most frequent cause in HIV-infected patients.¹ In this group, the natural course of genital herpes lesions may be altered, presenting as a chronic extensive ulcer, hypertrophic or tumour-like lesions.²

Learning points

- ▶ Chronic genital ulcers with duration with >1 month are the hallmark of the immunocompromised status of the patient and should promptly lead to HIV testing
- ▶ Presence of genital herpes lesions has been shown to increase HIV transmission, and, additionally, is associated with elevated HIV viral load and the disease progression in affected individuals.³

Contributors FS and KK: made the diagnosis and performed the complete investigation and management of the patient. KK: wrote the manuscript. MH and FS: reviewed the manuscript. CF: contributed to the literature review. All authors: contributed to the reporting and approved the final version of manuscript.

Competing interests None declared

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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To cite: Kieselova K, Santiago F, Falhas C, et al. *BMJ Case Rep* Published Online First: [please include Day Month Year]. doi:10.1136/bcr-2017-221604

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