Vaginal Ulceration and Local Lymphadenopathy in an African Immigrant

(See pages 493–4 for the Answer to the Photo Quiz)

Figure 1. Immunohistochemical stain for lysozyme of a biopsy specimen obtained from the vaginal ulceration (original magnification, ×240).

A 34-year-old African woman from Togo presented at our outpatient clinic with an ulcerous lesion ∼1 cm in diameter at the posterior commissure of the vulva, which was detected in the course of a curettage after termination of pregnancy in the seventh week. The case history included HIV infection diagnosed when the patient immigrated to Germany, 8 years before presentation. The physical examination revealed swollen inguinal lymph nodes, but findings were otherwise normal. The patient reported that she had noticed the lesion for the first time 3 months before presentation.

Ultrasound, CT, and MRI of the abdomen revealed pathological lymph node swelling up to 3.5 cm in diameter in the paraaortal, mesenterial, inguinal, and iliacal regions on both sides. The findings of the chest radiograph were normal.

Analysis of a biopsy sample obtained from the vaginal ulceration revealed an ulcerous granulomatous inflammation with multinucleated giant cells enclosing numerous globuli with a diameter of 10–14 μm and a periodic acid Schiff–positive sheath (figures 1 and 2). These cytoplasmatic enclosures were also seen on Grocott staining (figure 3).
Figure 3. Grocott methenamine silver staining of a biopsy specimen obtained from the vaginal ulceration (original magnification, ×124).

PCR performed on the biopsy sample and Western blot and immunodiffusion testing of serum samples confirmed the suspected diagnosis. Fourteen weeks after the start of treatment, the ulcerous vaginal lesion had resolved completely.

What is your diagnosis?