Vulval Lymphangiomas Mimicking Genital Herpes: A Need for Vigilance

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DEAR EDITOR,

Lymphangiomas are rare lymphatic abnormality which rarely involves the vulva. I am reporting a pregnant woman with this condition who was misdiagnosed as genital herpes infection. Clinicians need to be aware of other cutaneous mimickers of herpes infection in order to save the mothers from potential morbidities. Lymphangioma circumscriptum is commonly found in extremities, trunk, and rarely on genital skin. The most common form of cutaneous lymphangioma is lymphangioma circumscriptum, which arises in infancy but may occur at any age.1

A 35 years female at 34 weeks gestation of her second pregnancy was consulted for multiple vesicles on vulva which appeared for the first time in current pregnancy starting from 32 weeks. These lesions were thought to be herpes infection. The patient had a similar lesion near the term of her first pregnancy and for that reason she was delivered by caesarean section after she received a course of acyclovir. The patient gave no history of sexually transmitted diseases for herself and her husband. On examination, multiple red to violaceous vesicles were seen in the vulva with no ulcers or erosions. Skin biopsy of one of these vesicles confirmed the clinical diagnosis of lymphangiomas. The patient was explained about the nature of these lesions and was reassured.

Lymphatic malformation may rarely involve the genital skin in males13 or females.5 The exact pathogenesis is not understood.7 It may present with several cutaneous morphologies. Therefore it had been reported to be confused with several other conditions like genital warts, condyloma acumina9, irritant contact dermatitis for tumors.14 Lymphangioma circumscriptum is asymptomatic; but, it can be complicated by excessive drainage and recurrent cellulitis. However, several tumors were reported to occur in these vascular malformations.13 Histopathologic features of lymphangioma circumscriptum include dilated lymph vessels in the upper dermis that may extend into the subcutis.3

Indications for treatment of lymphangiomas include cosmetic purpose and prevention of complications such as cellulitis.5 Treatment options include surgical excision of both the superficial and deep components, superficial x-ray therapy, radiotherapy, laser therapy, the intense pulsed light system, and sclerotherapy.12 The late presentation in this case added to the confusion of the vesicular morphology and led to a wrong diagnosis of herpes infection. Late presentation of lymphatic malformation have been reported before.5,12 The large fetus and hence the pressure on lymphatic vessels is the precipitation cause of appearance of cutaneous lymphangiomas only near term in this case. This case is presented to remind the obstetricians about an important differential diagnosis for herpes infection near term and to save the mothers from a potential morbidities of making a wrong diagnosis of herpes infection.

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REFERENCES


