

Vulvar Lesions as A First Manifestation of COVID-19. Case report.

Ana Isabel Forte Abad¹, Alba Torres Cano¹, Maria Angeles Esteban Moreno², Gabriel Fiol Ruiz³ and Fatima Amaya Navarro^{3*}

¹Graduate in Medicine and Surgery, Obstetrics and Gynaecology Registrar at the Torrecardenas Maternity and Children's Hospital, Almeria Spain

²Specialised in Infectious Diseases in the Internal Medicine Clinical Management Unit at the Torrecardenas Hospital Complex, Almeria Spain

³Specialised, based in the Obstetrics and Gynaecology Clinical Management Unit at the Torrecardenas Maternity and Children's Hospital, Almeria Spain

*Corresponding author

Fatima Amaya Navarro, Specialised, based in the Obstetrics and Gynaecology Clinical Management Unit at the Torrecardenas Maternity and Children's Hospital, Calle Camino del Bobar 9, bloque 9, 2B. 04007 Almeria. Spain

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Abstract

This case is an atypical manifestation of the COVID-19 disease and may be useful to learn more about the COVID disease.

Keywords: Vulvar lesions, Cutaneous manifestations, Lower genital tract, Coronavirus, COVID-19, Gynaecology

Introduction

According to the literature, in exceptional cases, the first manifestations of a SARS- CoV-2 infection have been cutaneous manifestations on the external genitalia with no systemic symptoms.

This case presents an example of this atypical manifestation of the COVID-19 disease. We believe that this study may be of use in clinics where, by considering this disease as part of a differential diagnosis, it may be detected and treated earlier, avoiding possible complications.

The clinical case has been presented and approved by the Ethics Committee at the Torrecardenas Maternity and Children's Hospital.

Case Description

49-year-old woman who came to the Gynaecology Emergency Department complaining of pain and burning in the external genitalia that had developed in the last 48 hours. Her medical history includes: Type 2 diabetes, multiple sclerosis (for which she is not currently undergoing treatment) and smoking (20 cigarettes a day)

On examination, the patient presented with ulcers and pseudo-vesicular lesions at different stages of development on the vulva, perianal and perineal fistulas and macular lesions similar to livedo reticularis with loss of dermis in the sacral and both gluteal regions (Figure 1).

No other accompanying symptoms.



Figure 1: Ulcers on the vulva, perianal and perineal fistulas and macular lesions in both gluteal regions.

We requested additional blood tests and exudate samples from the external genitalia. Because of the current pandemic and the possibility of finding atypical and non-specific lesions and to enable early detection prior to being admitted to hospital for IV antibiotic therapy and monitoring of the lesions, a PCR test was requested for SARS-CoV2.

Significant findings included: Glucose 203 mg/dL, elevated transaminases, LDH 953 U/L, PCR 3.25 mg/dL. Vulvar exudate with a change in vaginal flora PCR SARS-coronavirus-2 POSITIVE.

The patient was admitted to the Infectious Diseases Unit She was asymptomatic from a respiratory standpoint and did not report a loss of taste or smell. However, a chest X-ray revealed developing peripheral perihilar infiltrate.

We began treating the patient with dexamethasone and antibiotic therapy with trimethoprim-sulfamethoxazole 160/800 mg. An improvement in the dermal lesions was clinically evident 24 hours after beginning treatment (Figure 2), with the vulvar erythema and pseudo-vesicular lesions having disappeared. In the perineum, the fistulas were barely visible and the re-epithelialisation process was underway. The number and size of lumbosacral lesions was reduced.

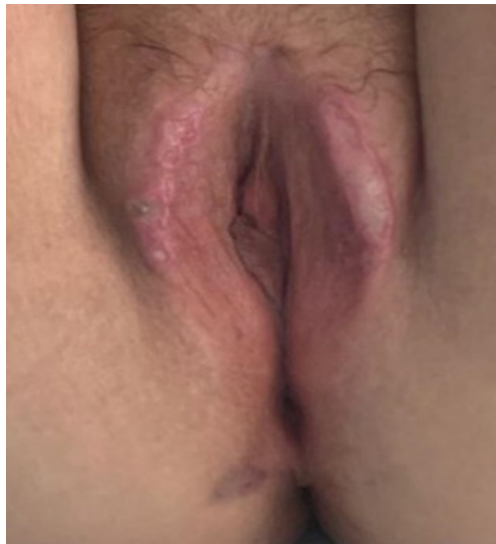


Figure 2: Improvement in the dermal lesions 24 hours after beginning treatment

On the fourth day of treatment, the cutaneous lesions had practically cleared up, the genital pain had disappeared and the ischemic lesions in the lumbar region were in the repigmentation stage (Figure 3).



Figure 3: The ischemic lesions in the lumbar region were in the repigmentation stage on the fourth day of treatment.

After a second chest X-ray showing no infiltrate and with positive SARS-COV2 IgG antibodies with no symptoms, the patient was discharged with antibiotics to be taken orally for 14 days as well as genital hygiene guidelines.

Discussion / Conclusions

SARS-CoV-2 is an RNA virus that enters the cells via the angiotensin-converting enzyme 2, which can be found in respiratory, digestive, neurological endocrine and cardiac epithelial cells. It can also appear in the vascular system and the skin, which could explain the dermatological manifestations in the context of this infection [1].

Cutaneous lesions caused by the coronavirus have varied in appearance from erythema to urticaria, vesicular, petechiae and livedo reticularis [2]. The virus can also cause reactivation of the herpes simplex virus type 13 or cutaneous lesions similar to those found in cases of lupus pernio [3, 4]. Itching tends to be mild and generally the lesions appear in 3 days, scar quickly and disappear in 8 days [5, 6].

With regard to findings of unique or incipient lesions on the external genitalia, there was very little scientific evidence. Only two articles have been published and of these, one describes the presentation of the infection in the male genital tract [7, 8].

In that case, early diagnosis of the infection allowed for early treatment and the lesions disappeared within a few days.

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