

# Vulval ulceration in Crohn's typical herpes case and a Behcets case for comparison

- A 28 year old woman with two week history of vulval ulceration
- Past history of Crohn`s Disease, currently off treatment but with some subtle GI symptoms for the last few days.
- On examination ulceration was shallow, white and sloughy. HSV PCR was negative and serology showed only HSV type 1 antibodies (probably oral exposure/ cold sores).
- Autoimmune conditions (including inflammatory bowel disease) can be a cause of genital ulceration. Refer on to GUM/Dermatology if ulcers not typical of Herpes in appearance or HSV PCR negative.
- In this case there was little option but to treat with Aciclovir initially, also given 1% hydrocortisone as I was almost sure it was autoimmune. I explained to the patient that herpes was unlikely but best treat anyway – just in case. Important to ensure review when negative results were back and suggest steroid cream if any future recurrences.
- The first 2 slides are the Crohn`s patient, 3<sup>rd</sup> slide typical herpes, 4<sup>th</sup> slide, typical Behcets with deep large ulceration.







