

Superficial Ulceration on the Vulva

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A 23-year-old woman who was immunosuppressed secondary to cyclophosphamide and prednisolone treatment of autoimmune panniculitis was admitted to intensive care with dyspnea. Cytomegalovirus and *Pneumocystis jiroveci* pneumonia were diagnosed on bronchoscopy and bronchial washings. Management with valganciclovir was started but worsened the patient's pancytopenia. She was started on intravenous foscarnet. After a week of therapy, the patient reported vulval soreness and painful micturition. On examination there was superficial ulceration of the labia minora. The affected area was symmetrical, and there was some extension into the vestibule. There were no vesicles or lesions on the cutaneous skin.

What's the diagnosis?

- allergic contact dermatitis
- cytomegalovirus infection
- foscarnet-induced ulceration
- herpes simplex virus infection
- irritant dermatitis

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The authors report no conflict of interest.

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Foscarnet-Induced Ulceration

Viral swabs were negative for herpes simplex virus. The diagnosis of foscarnet-induced ulceration was reached and the drug was discontinued. Symptomatic treatment with soap substitutes and lidocaine ointment was used.

Foscarnet is an antiviral agent used when resistance develops to first-line therapies.¹ It is a pyrophosphate analogue that inhibits viral DNA polymerase, thereby preventing viral replication. It is used in treating cytomegalovirus and herpes simplex virus, which are resistant to first-line therapies, or patients who develop hematologic toxicity from antivirals. The main side effects of foscarnet include nephrotoxicity, alteration of calcium homeostasis, and malaise. Genital ulceration is a known side effect of therapy, though it is rare and more commonly seen in uncircumcised males. Approximately 94% of the drug is excreted unchanged in the urine, which causes an irritant

dermatitis that is more pronounced in males as the urine stays in the subpreputial area.¹

Vulval ulceration² and penile ulceration³ has been reported in AIDS patients treated with foscarnet. In these patients, the onset of ulceration is temporally related to foscarnet therapy, occurring at approximately day 7 to 24 of treatment and resolving after discontinuation of therapy.

REFERENCES

1. Wagstaff AJ, Bryson HM. Foscarnet. a reappraisal of its antiviral activity, pharmacokinetic properties and therapeutic use in immunocompromised patients with viral infections. *Drugs*. 1994;48:199-226.
2. Lacey HB, Ness A, Mandal BK. Vulval ulceration associated with foscarnet. *Genitourin Med*. 1992; 68:182.
3. Moyle G, Barton S, Gazzard BG. Penile ulceration with foscarnet therapy. *AIDS*. 1993;7:140-141.