Case Letter

Donovanosis and genital herpes coinfection in a woman with human immunodeficiency virus infection: A case letter

Dear Editors,

A 30-year-old woman arrived at the dermatology clinic in Moewardi Hospital on June 17, 2015, with a lesion on her genitalia. She reported that her genital skin felt itchy, and the small lesion had appeared and spread to other areas. After 4 months, the lesion started bleeding without pain. The patient had not previously experienced this condition and had no similar medical history in her partner or family. Approximately 2 years prior, the patient was diagnosed with human immunodeficiency virus (HIV)-acquired immunodeficiency syndrome (AIDS) with tuberculosis and scurvy and was treated with antiretroviral therapy (stavudine, lamivudine, and neviranin). The patient explained that she had had unprotected intercourse with four male sexual partners. The last intercourse was about 5 months before the visit.

The ano-genital examination showed an ulcerative lesion approximately 12 × 20 cm with an erythematous base with pus or granulated tissue. The border was slightly increased, irregular morphology lesion and without pain (Fig. 1A). The diagnosis suggested Genital Ulcers (GUs) in a patient with HIV and a possible differential diagnosis of donovanosis and genital herpes infection or chancre/primary syphilis.

Microscopic examination found polymorphonuclear cells, approximately 20 to 30 cells/oil immersion field, and Gram-positive cocci, approximately 10 to 20 cells/oil immersion field. Red Giemsa staining detected Donovan bodies (Fig. 1B). Based on the diagnosis, the patient was administered 100 mg doxycycline twice per day for 3 weeks, and the wound was treated by using NaCl 0.9% solution twice per day for 15 minutes. Furthermore, pus culture, Venereal Disease Research Laboratory, and anti-herpes simplex virus (HSV)-2 immunoglobulin-G examinations were conducted. Lymphogranuloma venereum and ulcus molle were excluded because lymphadenopathy was not found and the ulcer was not painful and dirty. Polymerase chain reaction, viral load, and CD4 testing was not performed due to the infrastructure and policy constraints.

A week later, the border was slightly increased, irregular, and indurated (Fig. 2A). E. coli was found on pus culture, the Venereal Disease Research Laboratory test results were nonreactive, and HSV-2 serology (IgG) was positive. Based on these findings, the patient was diagnosed with a GU that was probably due to an HSV-2 and Donovanosis coinfection. Accordingly, 400 mg of

Fig. 1. (A) Lesion at the time of the first visit of the patient. (B) Detected Donovan bodies.

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No human subjects were included in this study. No animals were used in this study.
acyclovir three times per day for 7 days was administered. Six weeks after the first treatment, the ulcer was recovered in line with the treatment period (Fig. 2B).

Treatment of GU in a patient treated for HIV is aimed to reduce the chance of HIV transmission by lowering the frequency and amount of viral replication (Makasa et al., 2012). If the patient does not respond to conventional drugs, the acyclovir dose may be increased to 800 mg five times per day, changing the methods via infusion, or using alternative drugs (famciclovir, valaciclovir, foscarnet, cidofovir topical, or trifluridin topical). The acyclovir therapy used in this case was based on the protocol by the Badan Penyelenggara Jaminan Sosial – Indonesia Social Security Service program.

The case of GU, donovanosis, and HSV-2 coinfection in a woman with HIV is reported. The diagnosis was determined based on the results of anamnesis, clinical, and laboratory tests. The patient was treated with an appointed procedure by the Indonesian National Health Insurance program, and the ulcer healed.

Fig. 2. Lesion appearance A) 1 week after therapy with doxycycline and B) 2 weeks after therapy.

Reference

Makasa M, Fylkesnes K, Sandøy IF. Risk factors, healthcare-seeking and sexual behaviour among patients with genital ulcers in Zambia. BMC Public Health 2012;12(1):407.

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