



## Acute non–sexually acquired genital ulceration in a post-partum woman

A 39-year-old woman, 9-weeks post-partum, presented with a 2-week history of acute genital discomfort and dysuria. On examination there were 6–7 painful, shallow 7–10 mm ulcers on the inner labia minora, with a yellow- white base and erythematous border. There were white patches in the mouth but no erosions. She was systemically well, with no focal symptoms to suggest Behcet disease, infection or inflammatory bowel disease. She denied prodromal illness, new medications, or STIs. Past history included oral lichen planus (LP), but no genital ulceration. Swabs for HSV1/2, VZV, syphilis PCR and bacterial MCS were negative. In the absence of other symptoms, acute non–sexually acquired genital ulceration (NSGU) was diagnosed. Vulvar LP was a differential, but the ulceration was considerably greater than would be typical. Management comprised oral prednisolone, topical methylprednisolone aceponate 0.1%, topical xylocaine 5%, urinary alkaliser and general vulval care. On review 3-weeks later the ulcers had nearly all healed and she was symptomatically much improved. She continued Advantan ointment which she felt helped.

NSGU refers to painful ulceration of the genital mucosa and adjacent skin. Also known as Lipschütz ulcers or complex aphthous ulcers, the condition typically affects pre-pubertal and adolescent females (1). The exact aetiology of NSGU is unclear, but there may be various precipitants, the most frequent being Epstein-Barr virus (2). Stress and sleep deprivation may be risk factors. Here we describe a case of likely NSGU in a post-partum woman. We undertake a literature review including epidemiology, aetiology, precipitants, histology, and key differential diagnoses of NSGU.