

# Vulval Lymphangiomas Mimicking Genital Herpes : A Need for Vigilance

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## DEAR EDITOR,

Lymphangiomas are rare lymphatic abnormality which rarely involves the vulva. I am reporting a pregnant woman with this condition who was misdiagnosed as genital herpes infection. Clinicians need to be aware of other cutaneous mimickers of herpes infection in order to save the mothers from potential morbidities. Lymphangioma circumscriptum is commonly found in extremities, trunk, and rarely on genital skin. The most common form of cutaneous lymphangioma is lymphangioma circumscriptum, which arises in infancy but may occur at any age.<sup>1</sup>

A 35 years female at 34 weeks gestation of her second pregnancy was consulted for multiple vesicles on vulva which appeared for the first time in current pregnancy starting from 32 weeks. These lesions were thought to be herpes infection. The patient had a similar lesion near the term of her first pregnancy and for that reason she was delivered by caesarean section after she received a course of acyclovir. The patient gave no history of sexually transmitted diseases for herself and her husband. On examination, multiple red to violaceous vesicles were seen in the vulva with no ulcers or erosions. Skin biopsy of one of these vesicles confirmed the clinical diagnosis of lymphangiomas. The patient was explained about the nature of these lesions and was reassured.

Lymphatic malformation may rarely involve the genital skin in males<sup>3,4</sup> or females.<sup>5-14</sup> The exact pathogenesis is

not understood.<sup>7</sup> It may present with several cutaneous morphologies. Therefore it had been reported to be confused with several other conditions like genital warts<sup>5</sup>, condyloma accuminata<sup>8</sup>, irritant contact dermatitis<sup>6</sup> or tumors.<sup>14</sup> Lymphangioma circumscriptum is asymptomatic; but, it can be complicated by excessive drainage and recurrent cellulitis.<sup>1</sup> However, several tumors were reported to occur in these vascular malformations.<sup>11</sup> Histopathologic features of lymphangioma circumscriptum include dilated lymph vessels in the upper dermis that may extend into the subcutis.<sup>1</sup>

Indications for treatment of lymphangiomas include cosmetic purpose and prevention of complications such as cellulitis.<sup>1</sup> Treatment options include surgical excision of both the superficial and deep components, superficial x-ray therapy, radiotherapy, laser therapy, the intense pulsed light system<sup>13</sup>, and sclerotherapy.<sup>12</sup> The late presentation in this case added to the confusion of the vesicular morphology and led to a wrong diagnosis of herpes infection. Late presentation of lymphatic malformation have been reported before.<sup>9,10</sup> The large fetus and hence the pressure on lymphatic vessels is the precipitation cause of appearance of cutaneous lymphangiomas only near term in this case. This case is presented to remind the obstetricians about an important differential diagnosis for herpes infection near term and to save the mothers from a potential morbidities of making a wrong diagnosis of herpes infection.

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## CORRESPONDENCE

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## REFERENCES

1. Heller M, Mengden S. Lymphangioma circumscriptum. *Dermatol Online J*. 2008;14(5):27.
2. Izumi T, Ohmae H, Hara S, Kamidono S. Hemo-lymphangioma of the scrotum and penis. *Hinyokika Kyo*. 1985;31(1):159-64.
3. Shah A, Meacock L, More B, Chandran H. Lymphangioma of the penis: a rare anomaly. *Pediatr Surg Int*. 2005;21(4):329-30.
4. Swanson DL. Genital lymphangioma with recurrent cellulitis in men. *Int J Dermatol*. 2006;45(7):800-4.
5. Al Aboud K, Al Hawsawi K, Ramesh V, Al Aboud D, Al Githami A. Vulval lymphangioma mimicking genital warts. *J Eur Acad Dermatol Venereol*. 2003;17(6):684-5.
6. Mendiratta V, Sarkar R, Sharma RC. Lymphangioma circumscriptum masquerading as irritant contact dermatitis. *J Dermatol*. 1999;26(7):474-5.
7. Begum AA, Parvez S, Hassan S, Setna F. Vulval lymphangioma: the cause still a mystery? *Aust N Z J Obstet Gynaecol*. 1995;35(3):345-6.
8. Chang CC, Peng MY, Lai HC, Yu MH, Chu TY. Anogenital lymphangioma circumscriptum masquerading as condyloma accuminata. *Acta Obstet Gynecol Scand*. 2004;83(11):1093-4.
9. Kakinuma H. "Occult cutaneous lymphangiectasis": an unusual case of cutaneous lymphangioma. *Acta Derm Venereol*. 2002;82(4):279-83.
10. Cecchi R, Bartoli L, Brunetti L, Pavesi M, Giomi A. Lymphangioma circumscriptum of the vulva of late onset. *Acta Derm Venereol*. 1995;75(1):79-80.
11. Wilson GR, Cox NH, McLean NR, Scott D. Squamous cell carcinoma arising within congenital lymphangioma circumscriptum. *Br J Dermatol*. 1993;129(3):337-9.
12. Bikowski JB, Dumont AM. Lymphangioma circumscriptum: treatment with hypertonic saline sclerotherapy. *J Am Acad Dermatol*. 2005;53(3):442-4.
13. Thissen CA, Sommer A. Treatment of lymphangioma circumscriptum with the intense pulsed light system. *Int J Dermatol*. 2007;46(Suppl 3):16-8.
14. Sagili H, Prabhu K. Unilateral acquired vulval lymphangiectasia mimicking a vulval tumour. *J Obstet Gynaecol*. 2010;30(5):527-8.