

Looks can be deceiving - a genital ulcer with a misleading presentation

As aparências iludem - úlcera genital com apresentação enganadora

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A 37-year-old man attended a venereology clinic with a 1-month persistent, painless genital ulcer. He reported exclusive unprotected sex with a long-term female partner and no history of sexually transmitted infections. Examination revealed a 1 cm painless ulcer on the penile base, with raised, indurated borders and a painless, enlarged left inguinal lymph node (Fig. 1). Primary syphilis was suspected, and benzathine penicillin was administered, without resolution. Treponemal and non-treponemal serologies were negative. Real-time polymerase chain reaction from an ulcer swab excluded *Treponema pallidum* but identified a lymphogranuloma venereum (LGV) genovar of *Chlamydia trachomatis*. Human immunodeficiency virus (HIV) infection was excluded. The patient was treated with doxycycline 200 mg/day for 21 days, with a complete response. His partner tested negative.

LGV incidence has been increasing in Europe, especially among HIV-positive men who have sex with men, primarily manifesting as proctocolitis^{1,2}. Genital ulcer presentation is less common; when suspected, associated inguinal adenopathy might be a clue, but it is not exclusive of LGV³. Even though a voluminous unilateral adenopathy is the most typical finding, it is usually tender, in contrast to the painless lymph node found in our patient⁴. The groove sign is classically described, but not always present³. Furthermore, the chancre is most

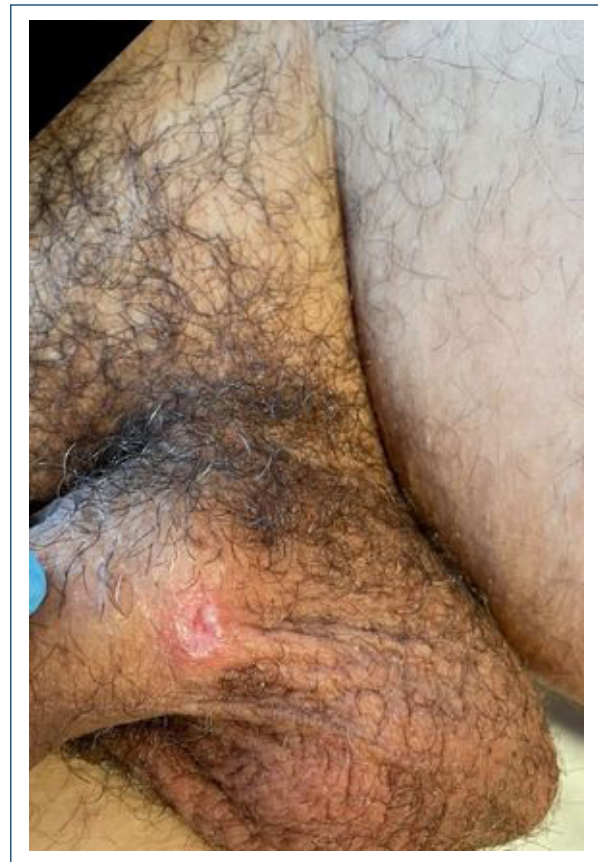


Figure 1. Ulcer on the base of the penis. An enlarged lymph node could be palpated on the left inguinal area.

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frequently a single painful ulcer on the glans (prepuce and coronal sulcus)³. This case highlights the diagnostic challenge posed by an atypical LGV presentation, especially in heterosexual men. The absence of classic symptoms and the overlapping features with primary syphilis underscore the importance of molecular diagnostics for accurate identification and treatment.

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Conflicts of interest

None.

Ethical considerations

Protection of humans and animals. The authors declare that the procedures followed complied with the ethical standards of the responsible human experimentation committee and adhered to the World Medical Association and the Declaration of Helsinki.

The procedures were approved by the institutional Ethics Committee.

Confidentiality, informed consent, and ethical approval. The authors have followed their institution's confidentiality protocols, obtained informed consent from patients, and received approval from the Ethics Committee. The SAGER guidelines were followed according to the nature of the study.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

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