

## Lipschutz Ulcer

An 8-years-old girl presented with complaints of acute onset, painful genital ulcer of 2 days' duration associated with high grade fever. There was no history oral ulceration, local trauma, prior drug intake or history suggestive of sexual abuse. Examination revealed febrile patient with axillary temperature of 101<sup>0</sup>F and round ulcer measuring 15X15mm, covered with pseudo-membrane over medial aspect of labia majora (**Fig. 1**). Complete blood count showed leukocytosis (14000/mm<sup>3</sup>); with rest of the investigations including urine examination, pus swab and culture, ELISA for human immunodeficiency virus, VDRL, and IgM and IgG for herpes simplex virus 1 and 2 were negative. Patient was treated symptomatically with paracetamol, potassium permanganate soaks and topical mupirocin ointment twice a day. The pain reduced in 3 days and ulcer healed within a week.

Lipschutz ulcer, also known as *ulcus vulvae acutum*, is an acute painful ulcer that presents most commonly in adolescent girls, in absence of sexual contact and immunodeficiency. The exact etiology is not known but may be associated with viral infection such as Epstein- Barr virus and cytomegalovirus. It presents as acute painful ulcer involving labia minora or majora, introitus, fourchette and vestibule. The ulcer can be single or multiple, with sharply demarcated borders and overlying gray exudate (pseudo-membrane). Kissing ulcers over opposite surfaces are common. There may be associated systemic symptoms like fever, oral aphthae and diarrhea. The differential diagnosis includes sexually transmitted infections such as syphilis, chancroid, herpes simplex infection; Behcet disease, Crohn disease and trauma. Clinicians should be aware of this



**Fig. 1** Solitary, 15X 15 mm ulcer over medial aspect of labia majora covered with gray exudate (pseudo-membrane).

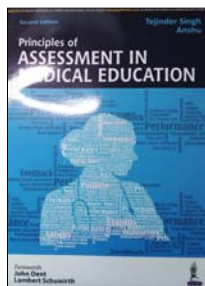
condition and should differentiate it from sexual abuse, so as to avoid unnecessary investigations and parental anxiety.

**ABHISHEK PANDEY,<sup>1</sup> SWETA MUKHERJEE,<sup>1</sup>  
SHEKHAR NEEMA<sup>2\*</sup>**

*From <sup>1</sup>Department of <sup>1</sup>Pediatrics,  
MH Golconda and CH (SC), Pune; and*

*<sup>2</sup>Department of Dermatology, AFMC, Pune; Maharashtra.  
\*shekharadvait@gmail.com*

## BOOK REVIEW



Principles of Assessment in Medical Education: Second Edition 2022

**Tejinder Singh, Anshu**  
*M/s. Jaypee Brothers Medical Publishers New Delhi, India.  
Pages: 391; Price: Rs. 1295/-.*

Of all the teaching and learning activities, assessment remains the most poorly understood and utilized tool to promote learning. This has led to the unfortunate consequence of reducing assessment to subjectivity based: Pass-Fail binary.

This book, a multi-author endeavor led by Prof T Singh, appearing at a time of great transformative change in the role of assessment to drive learning, provides up-to-date evidence based approaches across the entire spectrum of assessment

from the very basic to the very practical.

The second edition of the book marks a much needed move away from mono-focal approach to a more differentiated, multi-view framework approach to by interrogating each domain and level within the Blooms and the Millers models, and beyond to even newer hybrid models.

It will, without doubt, serve as a very useful practice guide for anyone involved in healthcare professionals' education, including: Senior Residents, Medical Teachers, Clinicians involved with the DNB, Nurse Teachers, and education policy makers as well.

**ANIL GURTOO**

*Director- Professor of Medicine,  
Coordinator, Medical Education Unit,  
Lady Hardinge Medical College, New Delhi.  
anilgurtoo@yahoo.co.in*