Granuloma inguinale (Donovanosis)*

Donovanose

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Abstract: The authors present images of two of the most common clinical forms of granuloma inguinale (donovanosis) in males and females. Donovanosis is considered a sexually transmitted disease that is endemic in tropical and subtropical regions of the world. Two microscopic images are also shown, one of a direct smear (the presence of Donovan bodies within large mononuclear cells identified using Giemsa stain) and the other of typical histological findings (rod-shaped Donovan bodies within a mononuclear histiocyte).

Keywords: Communicable diseases; Genital diseases, female; Genital diseases, male; Sexually transmitted diseases; Sexually transmitted diseases, bacterial

Resumo: Os autores apresentam imagens de duas formas clínicas mais frequentes da Donovanose, em ambos sexos. A donovanose é considerada uma doença sexualmente transmissível, endêmica nas regiões tropicais e semitropicais do globo. Apresentam também imagens de duas lâminas: uma da pesquisa direta (corpúsculos de Donovan, dentro de grandes células mononucleadas coradas de vermelho pelo Giemsa) e outra de achados histológicos típicos (formato de alfinete dentro do histiócito).

Palavras-chave: Doenças bacterianas sexualmente transmissíveis; Doenças dos genitais femininos; Doenças dos genitais masculinos; Doenças sexualmente transmissíveis

Donovanosis, also known as granuloma inguinale, is a chronic, benign condition caused by an intracytoplasmic, gram-negative bacillus called Klebsiella granulomatis, previously referred to as Calymmatobacterium granulomatis. 1,2,3 The disease is endemic in Brazil, but has been in decline for several decades. It constitutes around 5% of all sexually transmitted infections. 2,4 It begins with a nodule or papule at the site of bacterial inoculation, which bursts, leading to the formation of an ulcer that grows slowly, bleeds easily and is painless. From then on, the manifestations are directly associated with the host’s tissue response, resulting in localized or extensive forms of the disease or even in visceral lesions by hematogenous dissemination (Figure 1). Inguinal adenopathy is not present in any of the clinical variants. 3,4 Laboratory diagnosis is performed by direct investigation of Donovan bodies in ulcer smears obtained by punch biopsy or by a biopsy performed on the ulcer (Figure 2). 3

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