

Granuloma inguinale (Donovanosis) *

Donovanose

Sarita Maria de Fátima Martins de Carvalho Bezerra ¹ Marcio Martins Lobo Jardim ²
Valdir Bandeira da Silva ³

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; Doenças 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 □

Approved by the Editorial Board and accepted for publication on 23.03.2010

* Work conducted at the STD outpatient clinic, Clinics Hospital, Federal University of Pernambuco (PE), Brazil.

Conflict of interest: None / *Conflito de interesse: Nenhum*

Financial funding: None / *Suporte financeiro: Nenhum*

¹ PhD in Dermatology. Voluntary Professor at the Recife Center for Studies in Dermatology (CEDER), Recife, Pernambuco, Brazil.

² Medical student, Boa Viagem School of Medicine, Professor Fernando Figueira Institute of Integrated Medicine, Recife, Pernambuco, Brazil.

³ Adjunct Professor of Clinical Dermatology, Federal University of Pernambuco (UFPE), Recife, Pernambuco, Brazil.



FIGURE 1: A. Ulcerous form: More extensive, with abundant secretion, expanding in size through self-inoculation, notably when located in skin folds. B. Ulcerovegetative form: There is abundant granulation tissue at the base of the lesion, which extends beyond the contours of the lesion and bleeds easily. This appears to be the most commonly found clinical form of the disease.

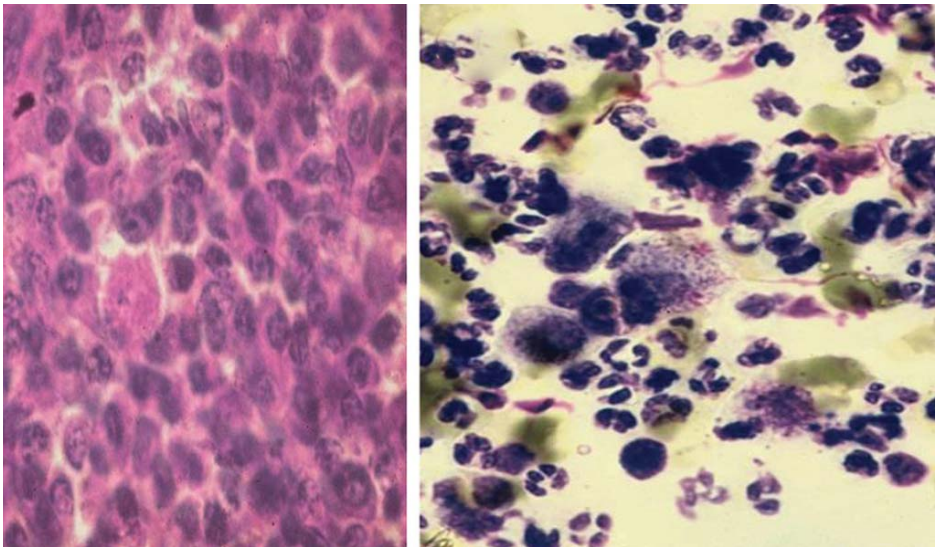


FIGURE 2: A. Biopsy performed on the ulcer. Prior to the procedure, the lesion was washed and the necrotic tissue removed using saline solution and sterile gauze. The sample was dried and fixed in methanol. Donovan bodies were found inside the cytoplasm of mononucleated cells. B. A smear obtained by punch biopsy of the ulcer. The material was pressed between two slides, stained using Giemsa stain and examined immediately. Donovan bodies were seen inside histiocytes

REFERENCES

1. Jardim ML. Donovanose: proposta de classificação clínica. *An Bras Dermatol.* 1987;62:169-72.
2. Martins S. Granuloma inguinale: self assessment. *J Am Acad Dermatol.* 1996;34:3324.
3. Lupi O, Madkan V, Ryring SK. Tropical Dermatology: bacterial tropical disease. *J Am Acad Dermatol.* 2006;54:559-78.
4. Brown TJ, Yen-Moore A, Tyring SK. An overview of sexually transmitted disease Part I. *J Am Acad Dermatol.* 1999;41:511-32.

MAILING ADDRESS / ENDEREÇO PARA CORRESPONDÊNCIA:

*Sarita Maria de Fátima Martins de Carvalho
Bezerra
Rua Ernesto Paula Santos - 187, 301 Bairro: Boa
Viagem
51021330 Recife - SP, Brasil
Tel: (81) 3465 3930
Email: saritamartins@uol.com.br*

How to cite this article/*Como citar este artigo:* Bezerra SMFMC, Jardim MML, Silva VB. Granuloma inguinale (Donovanosis). *An Bras Dermatol.* 2011;86(3):585-6.