

Image Correspondence

Harpitic Ulcer

Siddharth Mani¹, Prateksha Golas², Aradhana Rout³

Departments of ¹Dermatology and ²Psychiatry, Indian Naval Hospital Ship Sanjivani, Kochi, Kerala, ³Department of Dermatology, Base Hospital, Guwahati, Assam, India.

*Corresponding author:

Siddharth Mani,
Department of Dermatology,
Indian Naval Hospital Ship
Sanjivani, Kochi, Kerala, India.

smani5931@gmail.com

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A 28-year-old male presented with sudden-onset single well-defined ulcer of 3 × 1 cm over glans penis of 3 days duration. At the time of presentation to dermatologist, he was using mupirocin ointment. The lesion was tender and non-indurated. The floor of the ulcer was clean; however, the edges were necrotic [Figure 1a]. The patient denied any history of sexual contact in the past 6 months. He denied any history of contact with any irritant or allergen. Examination of the other mucosal surfaces and other areas of the body, nail and hair examination revealed no additional information. Systemic examination was non-contributory. The patient was investigated to rule out any sexually transmitted infection; however, his venereal disease research laboratory, human immunodeficiency virus and herpes simplex virus antibodies (Immunoglobulin M and Immunoglobulin G) were negative. The Gram and Giemsa stain showed necrotic keratinocytes with few neutrophils; however, they failed to show the presence of any organism. To rule out vasculitis, aphthous ulcer, Fournier's gangrene and non-venereal infectious aetiologies, a biopsy was planned. Before the biopsy, patient confessed to having used a Harpic white, which contains sodium hypochlorite, sodium lauryl ether sulphate, lauryl amine oxide and sodium hydroxide to clean the glans thoroughly. He further said that his habit of repeatedly cleaning things started post-COVID pandemic. The patient's diagnosis was changed to irritant contact dermatitis and he was started on mometasone cream. The patient responded within 1 week of starting treatment [Figure 1b and c]. He was also referred to a psychiatrist where he was diagnosed to be having



Figure 1: (a) A 3 × 1 single well-defined ulcer with clean floor and necrotic edges over glans penis. (b) Healing of ulcer at Day 3 of starting topical steroids, (c) Complete healing of ulcer at Day 7 of starting topical steroids.

obsessive compulsive disorder for which he was started on Tab fluoxetine.

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