Diagnosis: Foscarnet-induced genital ulcers

Foscarnet is an antiviral agent that is active against several herpesviruses. Foscarnet does not require thymidine kinase for activity; therefore, it has been used successfully to treat herpes simplex virus, varicella virus, and cytomegalovirus (CMV) infections that are resistant to acyclovir or ganciclovir therapy [1, 2]. Because nephrotoxicity and metabolic disturbances are associated frequently with foscarnet therapy, its use is limited. However, unlike ganciclovir, foscarnet does not cause myelosuppression and, therefore, is used to treat patients who have undergone bone marrow transplantation when they cannot tolerate ganciclovir therapy.

Genital ulcers occur in 5% to 30% of recipients of foscarnet therapy [3–5]. The ulcerations usually occur during induction therapy and have been reported most often in uncircumcised men [6]. However, the ulcers also occur in circumcised men and in women [7, 8]. The most common locations of the ulcers are the glans penis and periurethral area in men and the labia in women, most likely a result of the contact of these areas with urine (figure 1). Foscarnet is excreted unchanged in urine, and histological evaluation of the ulcers is consistent with irritant dermatitis. Treatment consists of withholding foscarnet; alternatively, healing has occurred in patients who have been instructed to wash thoroughly after each urination and with the use of protective dressings such as petroleum jelly or zinc oxide.

In the patient we described, foscarnet therapy was discontinued, and the lesions resolved over the subsequent 4 weeks (figure 2). Given that the CMV antigen [9] was undetectable at that time, she was restarted on ganciclovir maintenance therapy, which she tolerated well.

Anna Wald, Debra Mattson, and Mary A. Schubert
Departments of Medicine and Epidemiology, University of Washington, and Program in Infectious Diseases, Fred Hutchinson Cancer Research Center, Seattle, Washington

References