

# GRANULOMA INGUINALE

## REPORTING INFORMATION

- Class A(2)
- Report by end of next business day
- [Confidential Case Report Card](#) (3812.11, rev. 12/81) or Telephone

## AGENT

*Calymmatobacterium granulomatis*, previously named *Donovania granulomatis*, is a bipolar, gram-negative bacterium.

## CASE DEFINITION

### Clinical description

A slowly progressive ulcerative disease of the skin and lymphatics of the genital and perianal area caused by infection with *Calymmatobacterium granulomatis*. A clinically compatible case would have one or more painless or minimally painful granulomatous lesions in the anogenital area.

### Laboratory criteria for diagnosis

Demonstration of intracytoplasmic Donovan bodies in Wright or Giemsa-stained smears or biopsies of granulation tissue

### Case classification

Confirmed: A clinically compatible case that is laboratory confirmed.

## SIGNS AND SYMPTOMS

Lesions begin as single or multiple subcutaneous papules. Painless, ulcerating lesions enlarge and often coalesce to form a single large ulcer. Chronic/recurrent ulcers are found mainly on the vulva, urethra, perineum/anal area, and inguinal region.

## DIAGNOSIS

See case definition.

Wright stained tissue smears.

Histologic sections of biopsy specimen taken from ulcer margin.

Complement fixation reaction.

Rule out syphilis through serology.

## EPIDEMIOLOGY

### Source

Humans, sexually transmitted in most cases.

### Occurrence

While common in tropical areas, it is extremely rare in the United States.

### Mode of Transmission

Sexual contact, in most instances. As an ulcerative STD, granuloma inguinale is grouped with chancroid and LGV (commonly known as the "minor venereal diseases" because of their relatively low prevalence) as potential determinants of HIV (AIDS virus) acquisition and transmission. Along with early syphilis and genital herpes, the presence of these STDs have been correlated to high rates of seropositivity for HIV infection in certain areas of central Africa.

### Incubation Period

Incubation is from 8 to 12 weeks.

## **PUBLIC HEALTH MANAGEMENT**

### **Case**

#### Treatment

Consult the most recent CDC-published "STD Treatment Guidelines" (currently *MMWR* 1998;47[RR-1]) for recommended therapy. Copies of the guidelines are available from the [HIV/STD Prevention offices](#) and on the Internet at the CDC Web Site ([www.cdc.gov](http://www.cdc.gov)).

#### Isolation

None.

### **Contacts**

Every attempt should be made to examine the patient's sex partners. ODH Disease Intervention Specialists will assist in the follow-up of patients with granuloma inguinale.