Consider EBV in Patients With Genital Ulcers

BY SHARON WORCESTER
Southeast Bureau

DESTIN, FLA. — Since Epstein-Barr virus is known in rare cases to initially present as severe, painful genital ulcerations without other clinical or laboratory evidence of acute disease, this infection should be considered in the differential diagnosis of patients who present with such lesions.

"You won't see it presenting this way very often, but … if you have young patients presenting like this, remember to test for EBV," Dr. Bari Cunningham said at a meeting sponsored by the Alabama Dermatology Society.

Dr. Cunningham, of the University of California, San Diego, described the case of a 15-year-old girl who presented with extremely painful vaginal lesions.

"Of course, sexually transmitted diseases were first and foremost on everybody's mind," she said, noting that the patient, who was adamant that she was not sexually active, was traumatized by the constant questioning about her sexual history and by the fact that no one believed her.

When the cultures came back negative, the differential was broadened, and Behçet's syndrome, systemic lupus erythematosus, pyoderma gangrenosum, and inflammatory bowel disease were among the diagnoses considered. The girl's conditioned worsened. She became sicker and stopped eating, and more skin surfaces became involved. She was noted to have a swollen liver. All cultures up to that point were negative and a complete blood count was unremarkable; however, mild elevations on liver function tests, which developed during hospitalization, were noted, and the test for EBV immunoglobulin M came back positive.

Several cases of EBV presenting in this manner have been reported in the literature, she said, noting the lesions are extremely painful and there is typically a lack of evidence of acute EBV at presentation. ■

Continued from previous page

Addressing health care–associated infections is a worthy goal, said Dr. Franklin Michota, director of academic affairs for the department of hospital medicine at the Cleveland Clinic. There is sufficient evidence to show a clinical benefit from implementing infection control strategies. "It's not an experiment to see if these things work," he said.

Hospitals are likely to face some upfront costs when implementing the new requirements, Dr. Michota said, especially if they need to put a new educational process in place to prepare staff. For that reason, hospitals may be looking to involve hospitalists, who are already on the payroll, in a variety of activities related to preventing health care–associated infections, he said.

Hospitalists may be involved in developing process improvement plans, tracking requirements, or tracking infections. Those who are not involved on the quality side may be asked to champion changes at the floor level by modeling appropriate hand hygiene or compliance with contact precautions.

"Shining additional light on [health care–associated infections] is good," said Dr. Patrick J. Cawley, president of the Society of Hospital Medicine and executive medical director at the Medical University of South Carolina, Charleston.

The requirements for central line–associated bloodstream infections, in particular, are a significant step forward, he said. There is clear evidence in the literature that compliance with central line placement protocols can significantly drive down infection rates, he said. "This is something we all should be doing anyway," Dr. Cawley said.

The Joint Commission also has added new requirements to the goal for medication reconciliation. Hospitals are advised to provide a complete and reconciled list of the patient's medications directly to the patient and explain the list at the time of discharge. In those settings where medications were used minimally or for a short duration, such as the emergency department, the hospital is required to perform a modified medication reconciliation process.

Also new in 2009 is a requirement to eliminate transfusion errors related to patient misidentification. Before beginning a blood or blood component transfusion, hospital staff must match the patient to the blood during a two-person bedside verification process. ■