Letters to the Editors

A novel treatment in the management of genital ulceration in Behçet's disease

Sirs,

We have had recent positive experience with a novel treatment for severe hard to treat genital ulceration in a patient with Bechet's disease (BD).

Genital ulceration is a commonly recognised manifestation of BD occurring in 60–90% of those diagnosed. It causes significant morbidity in sufferers (1).

Current treatment recommendations recommend initially using topical treatment with corticosteroid preparation. EULAR guidance indicates when genital ulceration is severe, immunosuppression such as azathioprine, interferon alpha and TNF antagonists can be used (2). There is also some evidence for the use of colchicine (3).

A 54-year-old female with longstanding BD of fifteen years duration presented with a recurrent flare of severe genital ulceration. Other manifestations of her disease included episodes of oral ulceration, colitis, uveitis and recurrent urinary tract infections often resulting in bacteraemias.

Standard treatment of her genital ulcers with topical steroid and lidocaine gel had limited relief and at times she required catheterisation due to urinary retention because micturition was so painful for her. Treatment of the ulceration with systemic immunosuppression was difficult due to repeat admissions with systemic infections. On this particular episode she had developed a severely infected Bartholin's cyst, which required surgical incision and draining with a short course of antibiotics following this. During this episode she had a flare of her genital ulcers. Despite healing of the Bartholin's cyst and no evidence of superadded infection, the ulcers persisted. She received topical lidocaine gel and topical steroid treatment over a period of two weeks with little benefit.

We consequently tried a novel approach with Lutrol® F 127 mixed with 2% Lidocaine. Within a few days our patient had significant improvement in her symptoms enabling the catheter to be removed and her discharge from hospital. During this time period she also continued the topical steroid treatment. She was reviewed in clinic four weeks later and her genital ulcers had healed.

Lutrol® F127 is a tradename for a gelling agent used in the pharmaceutical industry. It is mixed with lidocaine to act as a topical local anaesthetic. The advantageous property of Lutrol is the ability to exist as a liquid at 20°C but when applied and warmed to body temperature it forms a gel (4). Consequently, Lutrol forms a protective layer over the area and the lidocaine has analgesic properties (5). Patients often find topical lidocaine gel only has a very temporary benefit as it quickly dissipates due to the warm environment of the genital area. Lutrol, due to its gelling properties stays better in position. Anecdotally our patient also found the initially application of the cold Lutrol (it was stored in a refrigerator on the ward to maintain low viscosity) also provided analgesic benefit.

A literature review has found no mention of the use of Lutrol in genital ulceration secondary to BD. Lutrol has however been used by gynaecologist and palliative care physicians for over a decade in the management of vulval malignancies and other malignant wounds. In these indications patients have found the analgesic effect can last between 6–8 hours and the gel can be applied twice daily (5). Lutrol® F 127 mixed with 2% Lidocaine may potentially work by providing an effective barrier over the ulcer to allow healing to occur and, with the lidocaine, provide significant relief of discomfort. This case highlights the use of a novel therapy which proved to be of significant symptomatic benefit to our patient. We will continue to use this in cases of hard to treat genital ulceration following our positive experience.

R.M. BENSON, *MBChB*
J. KIRWAN, *MRCOG*
R.J. MOOTS, *MD, PhD, MBBS (Hons)*
Behçet's Syndrome Centre of Excellence, University Aintree, Liverpool, UK.
Please address correspondence to:
Prof. R.J. Moots,
Behçet's Syndrome Centre of Excellence,
University Hospital Aintree,
Lower Lane,
Liverpool L9 7AL, United Kingdom.
E-mail: rjmoots@liverpool.ac.uk

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