

Case Illustration

Juvenile Gangrenous Vasculitis of the Scrotum

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Article information

Received: June 10th, 2021; **Revised:** August 23rd, 2021; **Accepted:** August 25th, 2021; **Published:** September 4th, 2021

Cite this article

Nichols CS, Nutan F. Juvenile gangrenous vasculitis of the scrotum. *Intern Med Open J.* 2021; 5(1): 5. doi: [10.17140/IMOJ-5-116](https://doi.org/10.17140/IMOJ-5-116)

A 17-year-old healthy male presented to the emergency room with painful black ulcers on his scrotum that developed acutely over 24-hours. Other symptoms included fatigue, nausea, and vomiting. He had a mild leukocytosis, but was afebrile. He

continued to develop new lesions despite initiation of antibiotics at presentation. Workup was negative for herpes simplex virus (HSV), epstein-barr virus (EBV), human immunodeficiency virus (HIV), and Syphilis. A workup was initiated to rule out underlying vasculitis or vasculopathy, this was also negative. A shave-biopsy of an ulcer edge demonstrated an area of dermal necrosis associated with dense neutrophilic inflammation, hemorrhage, and intravascular thrombosis. A diagnosis of Juvenile Gangrenous Vasculitis of the Scrotum (JGVS) was made. He was treated with oral prednisone and immediately stopped developing new ulcers and showed complete resolution after 6 weeks of therapy (Figure 1).

Figure 1. Black Ulcers on Scrotum



CONSENT

The authors have received written informed consent from the patient.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.