

Altered Presentation of Secondary Syphilis

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ABSTRACT: *A case of secondary Syphilis with predominant scalp lesions and asymmetry of skin rashes and asymmetrical adenitis was reported.*

KEY WORDS: *Symmetrical, Secondary Syphilis, Lymph adenitis*

Date of Submission: 16-02-2018

Date of acceptance: 03-03-2018

I. INTRODUCTION:

Sexually transmitted bacterial infections are in a decline trend worldwide^{1,2}. Manifestations of Syphilis are comparatively lesser than it was in the previous centuries. Especially cases of secondary syphilis were less commonly seen.

Secondary syphilitic rashes are described as symmetrical rashes. Lymph node enlargement also said to be generalized, non-suppurative, rubbery and symmetrical^{3,4}. Herewith an altered presentation of a case secondary syphilis was described. A high index suspicion only will help to fix the diagnosis in such cases.

II. CASE REPORT:

A 27 year old unmarried male came to our OPD with the complaints of non-itchy rashes over scalp and hands for the past one month. On examination, patient was having dull red papular lesions distributed widely over the clean shaved scalp. Similar lesions were also noticed over face and nape of neck and very few on forearm and abdominal wall.



Figure 1- Scalp lesions

Palmar lesions were round papules with scales on the periphery like a collerete (Bielt's sign) over right palm. Left palm was free.



Figure 2 Bielt's sign

Hyperkeratotic plaque lesions were present over both feet.



Figure 3 Plantar Syphilides

Erythematous papulo-squamous lesions were seen over scrotum, glans penis and inner aspect of prepuce. Two erosive mucus patches also seen over the inner aspect of prepuce over 3 and 7 O' clock positions..



Figure 4 Peno-scrotal papules

Few hypertrophied whitish papules were seen over the glans penis mimicking condyloma lata over 12 o' clock and 3 o' clock positions. A typical grayish white condyloma lata lesion was present over perianal region.

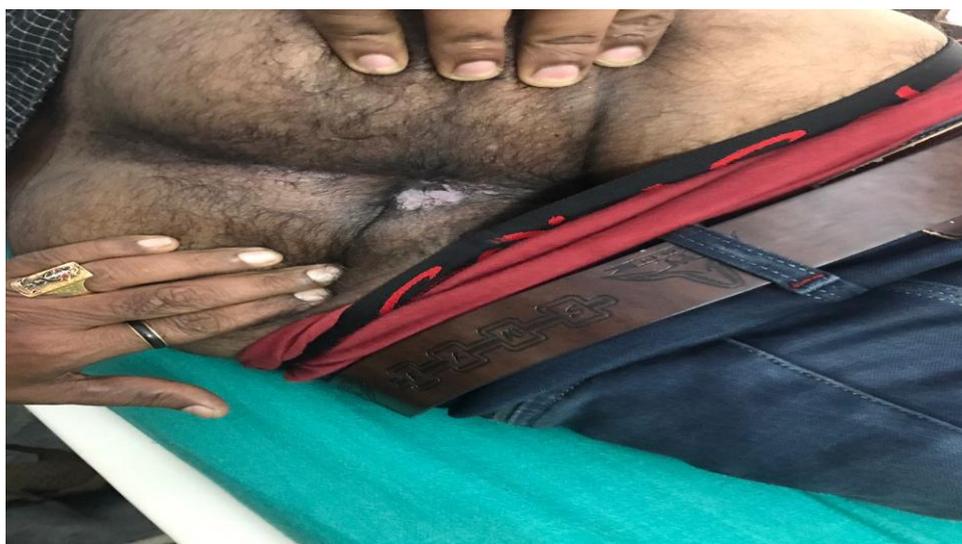


Figure 5 Anal Condyloma lata

Inguinal glands were palpable on both sides and not tender. They were not typically rubbery or shotty. Axillary nodes were just palpable on both sides whereas a single gland was palpable over right side of neck and there was no adenopathy on the left side. Epitrochlear or posterior auricular were not present. Patient gave history of exposure 2 months back. His serological rapid test for Syphilis card test was reactive. Rapid plasma regain test was reactive in 32 dilutions and TPHA was reactive in one in 160 dilutions. So the diagnosis of Secondary syphilis was made and a single injection of Benzathine penicillin was given after test dose. The symptoms started regressing within three days after the injection and vanished completely within 20 days.

III. DISCUSSION:

Palmar lesions showed an asymmetry as well as with the cervical glands in contrary to text book descriptions^{3,4}. It is not common to have the secondary syphilitic skin lesions **predominantly over** scalp and few over other parts of the body. Patient also complained mainly about scalp lesions and not revealed the genital lesion voluntarily. If the ano-genital lesions were missed to be noticed and if the patient had not come out with the history of exposure, one would have likelihood to miss the diagnosis and patient would go untreated for syphilis. So it is stressed that asymmetry of lesions and adenitis would not rule out the possibility of Secondary syphilis. High index of suspicion only leads light to diagnosis.

REFERENCES:

- [1]. Bikshapathi T, Srinivas Reddy A, Krishna Reddy M. Clinical Status and Prevalence of Bacterial STDs in Warangal, Andhra Pradesh. *Int. J.Pharm. Med & Bio. Sc.* 2012; Vol. 1, No. 2: P 74-9.
- [2]. Nyati A, Gupta S, Jain SK, Yadav D, Patidar PL, Sharma,MA. Retrospective study of sexually transmitted infections from a tertiary care hospital of Rajasthan. *Indian J Sex Trasm Dis* 2017;38: 147-51
- [3]. King A, Nicol C, Rodin P. *Venereal Diseases*.1980, Bailliere Tindall, London: P28
- [4]. Sharma VK. *Sexually Transmitted Diseases and HIV/AIDS*. 2003. Viva Books Private Limited. New Delhi: P 270-75.

Murugan S." Altered Presentation of Secondary Syphilis" *International Journal of Pharmaceutical Science Invention (IJPSI)*, vol. 07, no. 03, 2018, pp. 01-03.