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Dermatology

Secondary Syphilis in a 43-Year-Old Adult Man

Dr. Lamissa Cisse[1*], Hawa Thiam N'diaye[1,2], Mariam Konate[3], Abdoulaye Kanoute[1], Bekaye Traore[1], Mamoudou Diakité[1], Bakary Simpara[1], ET Ousmane Faye[1,2]

[1]Dermatology Hospital, Bamako, Mali
[2]Faculty of Medicine, Mali
[3]Hospital of Kati, Mali

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***Corresponding author:** Dr. Lamissa Cisse
Dermatology Hospital Bamako Bp 251, Mali

Abstract **Case Report**

We report a case of secondary syphilis simulating Gibert's pityriasis rosé. The patient was a 43-year-old adult with no previous history of syphilis. Erythematous circumscribed plaques were located on the abdomen, back and limbs, with characteristic palmar-plantar involvement. Histological examination was non-specific. Diagnosis was based on the positivity of treponemal tests. The patient's condition improved after administration of two doses of benzathine penicillin.

Keywords: Syphilis, secondary, adult.

INTRODUCTION

Treponema pallidum infection is currently considered a re-emergent disease [1].

Numerous scientific studies have been carried out on this condition. These works has enabled us to describe a natural history that varies from one individual to another.

In this classification, early forms are considered benign and late forms severe.

This underlines the importance of early diagnosis and diligent case management.

In dermatology, different stages of infection can be encountered, including the secondary phase, which is characterized by a polymorphism of cutaneous lesions that can confuse even the most experienced practitioner.

We report a case of secondary syphilis simulating Gibert's pityriasis rosée in a 43-year-old adult.

OBSERVATION

A 42 years-old man, carpenter, was seen in consultation for pruritic dermatitis. This condition was evolving since one month. On examination, the patient was obese (BMI =28), temperature 37°4 Celsius, blood pressure 15/09 cmhg. On dermatological examination, erythematous, papular lesions with a ring-like arrangement, surrounded by a ruff, were noted on the trunk and limbs, with papules located on the palms of the hands. Mucous membranes were healthy.

The rest of the examination was unremarkable.

Gibert's pityriasis rosée, dermatophytosis and erythema gyratum repens were suggested.

Symptomatic treatment was prescribed while awaiting the results of the examinations.

Histological examination at the edge of one lesion was non-contributory. She reported a non-specific perivascular infiltrate.

Treponemal serologies came back positive TPHA: 22.50 units VDRL: positive, hiv retroviral serology was negative, liver serologies were negative.

The patient was re-examined. There was no genital ulceration.

The patient was unable to date the episode of chancre. He reported no risky sexual behavior.

The diagnosis of secondary syphilis was made in view of the clinical appearance and the positivity of the treponemal tests.

Two doses of benzathine penicillin 2.4MU were administered one week apart, together with an emollient.

Rapid healing of the lesions was observed three weeks after the first dose of penicillin.

Iconography:

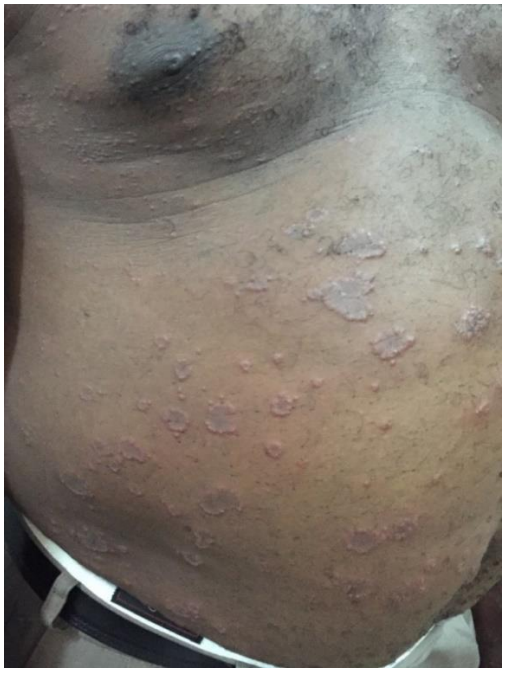

Figure 1: Annular erythematous lesions on the abdomen

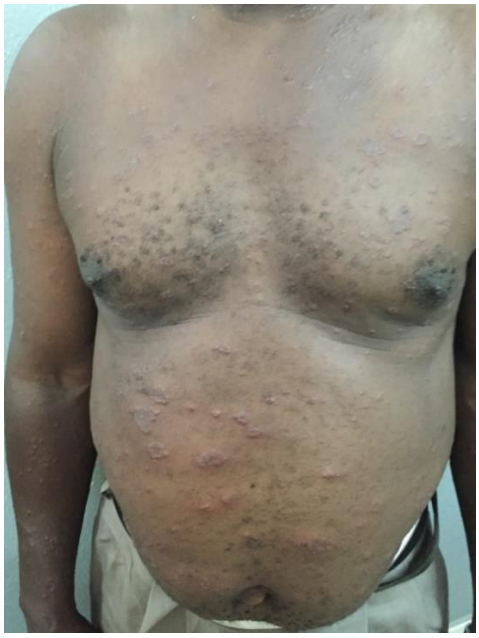

Figure 2: Annular erythematous lesions on the abdomen

DISCUSSION

We report a case of secondary syphilis in an adult patient. The diagnosis was based on clinical aspects and the positivity of treponemal tests, and rapidly improvement after two doses of benzathine penicillin.

The diagnosis could have been confirmed by PCR (polymerase chain reaction), but this test was not available in our context.

Socio-cultural factors may limit the collection of information on sexual practices. Our case did not report any high-risk sexual behavior.

Secondary lesions occur after an initial phase characterized by chancre.

In our case, the chancroid episode could not be dated. According to some authors [2, 3], chancre can be ephemeral, and the absence of functional signs can make it go unnoticed. Similar information has been reported in the literature, with LUGGER [2] estimating that only a third of patients treated for syphilis remember the chancroid episode.

Hairless skin lesions are often associated with mucosal involvement [4], but there was no mucosal involvement in our patient.

In our case, other diagnostic hypotheses were evoked, notably dermatophytosis, in view of the circinate appearance of the lesions, but the brutal mode of onset with rapid dissemination argues against this hypothesis.

We also suggested sarcoidosis in view of the annular appearance of the lesions; the chest X-ray was normal and the clinical examination ruled out this hypothesis.

The third hypothesis was erythema gyratum repens, given the annular appearance of the plaques. However, this condition has been described in subjects with neoplasia.

There was no antecedent neoplasia in our case.

CONCLUSION

Treponemal tests should be ordered for any non-specific rash.

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