



Secondary syphilis

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A 40-year-old man complained of patchy hair loss of sudden onset (figure 1A). On clinical examination, we noted that the alopecia presented non-inflammatory and non-cicatricial characteristics, with a patchy pattern having a moth-eaten appearance. The patient also had a symmetrical macular exanthema on his trunk (figure 1B) and several so-called copper penny maculopapular lesions with a scaling ring on both palms and soles of the feet (figure 1C). Finally, painful, radial fissures were noted around his mouth (figure 1D).

He was otherwise asymptomatic and denied drug consumption. A clinical diagnosis of secondary syphilis was made, confirmed by a positive Venereal Disease Research Laboratory assay (Omega Diagnostics Group PLC and Omega Diagnostics Ltd Omega House, Alva, UK) with a titre of 1/64 IU/L and a positive *Treponema pallidum* haemoagglutination assay serology titre of 1/5120 IU/L. The patient was HIV positive and

had a CD4 T-cell count greater than 500 cells per μL . A test of cerebrospinal fluid for treponema-specific antibody was negative, ruling out neurosyphilis. The patient was therefore treated with benzathine benzylpenicillin at 2400000 IU once a week for 3 weeks with subsequent reduction in antibody titre and rapid resolution of symptoms. At his 6-month follow-up the patient was free of disease.

Although the characteristics of secondary syphilis can be found in any 19th-century textbook of dermatology, nowadays such a complete range of features is very uncommon.

Contributors

CP had full access to all of the data and has final responsibility for the integrity of the data and the accuracy of the data analysis. CP collected data. CP and SDiN analysed and interpreted data. CP and CC drafted the report. CF did critical revision of the report for important intellectual content. CP supervised the patient.

Declaration of interests

We declare no competing interests.

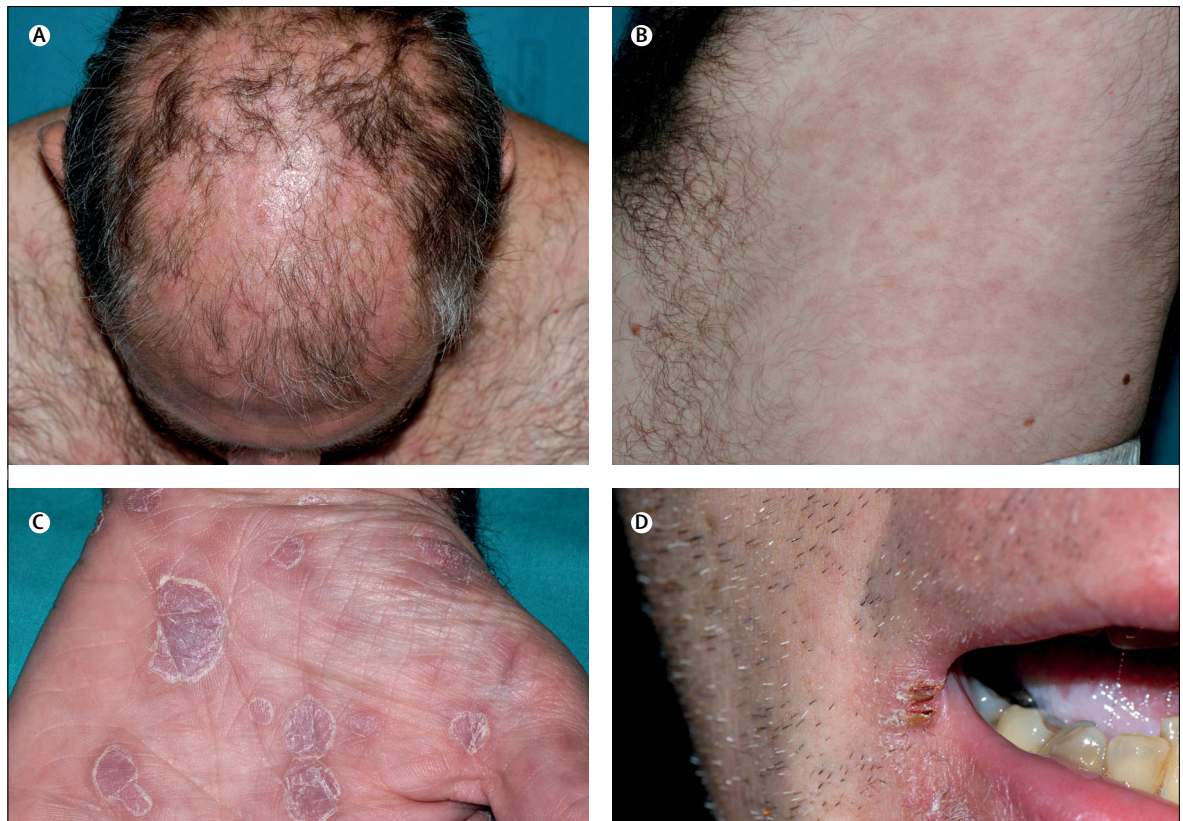


Figure: A 40-year-old male patient with symptoms of secondary syphilis

Patient showed symptoms of patchy hair loss of sudden onset (A), a symmetrical macular exanthema on his trunk (B), several so-called copper penny, maculopapular lesions with a scaling ring present on palms (C), and painful radial fissures around his mouth (D).