Sexually Transmitted Diseases, Publish Ahead of Print
DOI: 10.1097/OLQ.0000000000001630

Corymbose Syphilis

Paolo Gisondi, Francesco Bellinato

Department of Medicine, Section of Dermatology and Venereology, University of Verona, Italy

Funding sources: none

The Authors have no conflict of interest to declare.

Address correspondence to:

Dr. Francesco Bellinato

Section of Dermatology and Venereology, Department of Medicine, University of Verona

Piazzale A. Stefani 1, 37126 Verona, Italy

E-mail: francesco.bellinato@univr.it

Key words: syphilis, corymbo

A 35-year-old Filipino otherwise healthy women presented with a one-month history of symptomless erythematous papules over the trunk and limbs. Lesions consisted of a large central papule surrounded by satellite papules extended on a rounded diameter measuring 5-15 cm (Figure1A-C). No evidence of mucosal lesions was documented. The patient had fever, fatigue and generalized lymphadenopathy. History of unprotected sexual activity with multiple partners and negative previous syphilis serologies were reported by the patient. Hepatitis B and C and HIV antibodies were negative. Venereal Disease Research Laboratory (VDRL)(1:128), Treponema Pallidum Hemagglutination test (TPHA)(1:2048), total antibodies and IgM anti Treponema Pallidum were positive. Hepatitis B and C and HIV antibodies were negative. Laboratory investigations showed an increased erythrocyte sedimentation rate (34 mm, n.v. 0-15 mm), C reactive protein (13.8 mg/L, n.v. <5 mg/L) and mild monocytosis (1.1×10^9/L, n.v. $0.2–0.8\times10^9$/L). Chest X-ray and abdominal ultrasound did not reveal abnormalities. Histological examination showed a superficial and deep inflammatory infiltrate with sarcoidei-like granulomas characterized by many plasma cells (Figure1D). These findings were consistent with syphilis. She was treated with Benzathine-penicillin, three doses of 2.4 million units intramuscular weekly. A complete resolution of clinical manifestations and a fourfold decrease in VDRL titer was observed after 3 months. Syphilis may rarely have a “corymbo” appearance, i.e. reminiscent of a flat-topped flower cluster in which the individual flower stalks grow upward from various point of the main stem to the same height.[1-2]

References

1. Bose S. The great imitator: A rare presentation of annular and corymbose secondary syphilis. Int J STD AIDS 2021;32:1178-9.
2. Eyer-Silva WA, Souza VPB, Silva GARD, Brasil FV, Portela ADS, Carvalho RS, et al. Secondary syphilis presenting as a corymbiform syphilide: case report and review. Rev Inst Med Trop Sao Paulo 2018;60:e40.

Figure legends

Figure 1. Erythematous papules over the chest, abdomen (A) and back (B) showing annular and corymbose presentation. Detail of a corymbose syphilis lesion consisting of a large central papule in involution surrounded by small follicular satellite papules extended on a rounded diameter (C). Histopathology showing mild epidermal parakeratosis and dermal superficial and deep inflammatory infiltrate, with epithelioid naked sarcoidei-like granulomas in subepidermal, perivascular, perifollicular and perieccrina sites (hematoxylin and eosin, original magnification x20) (D)

Figure 1A

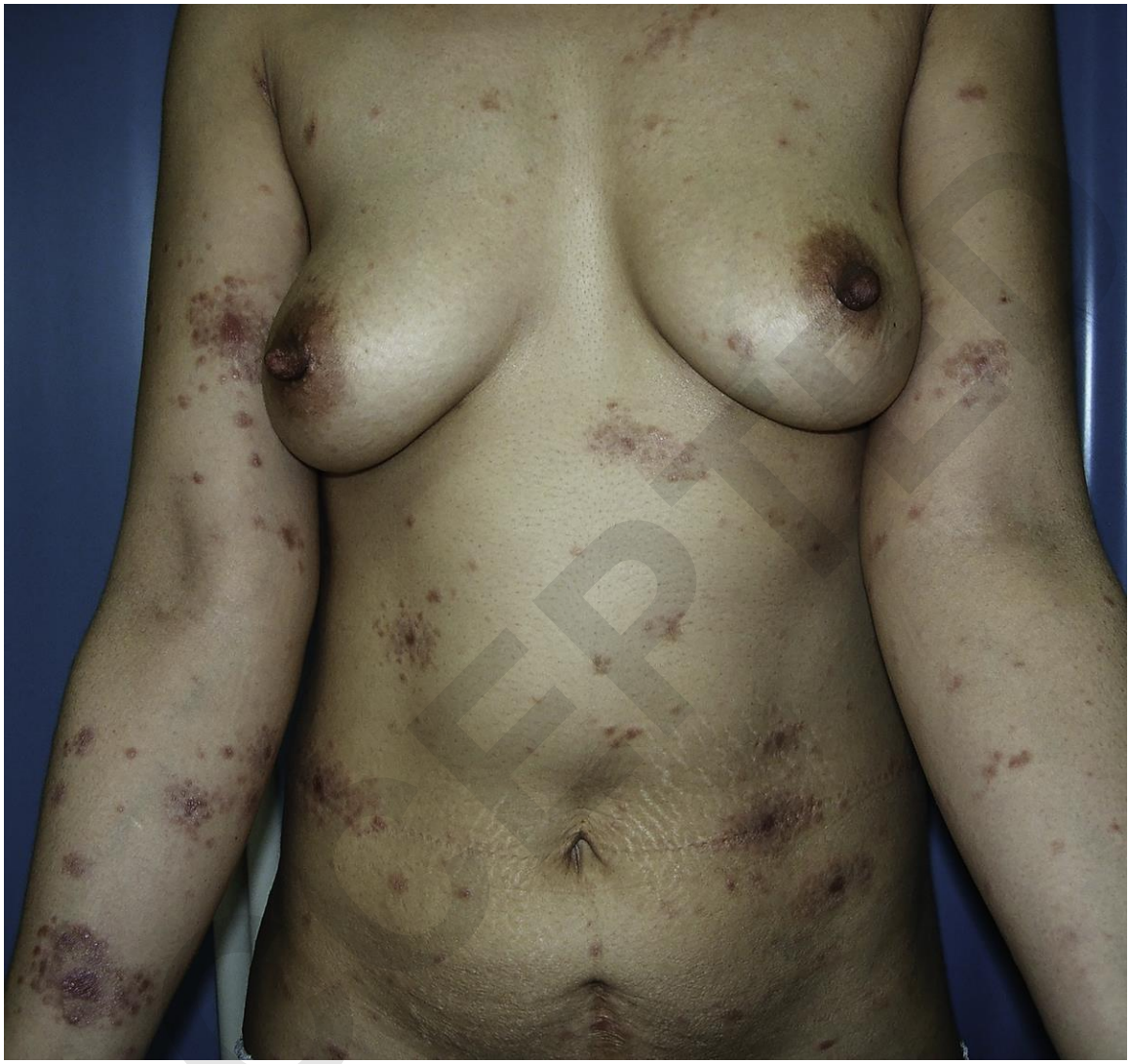

Figure 1B

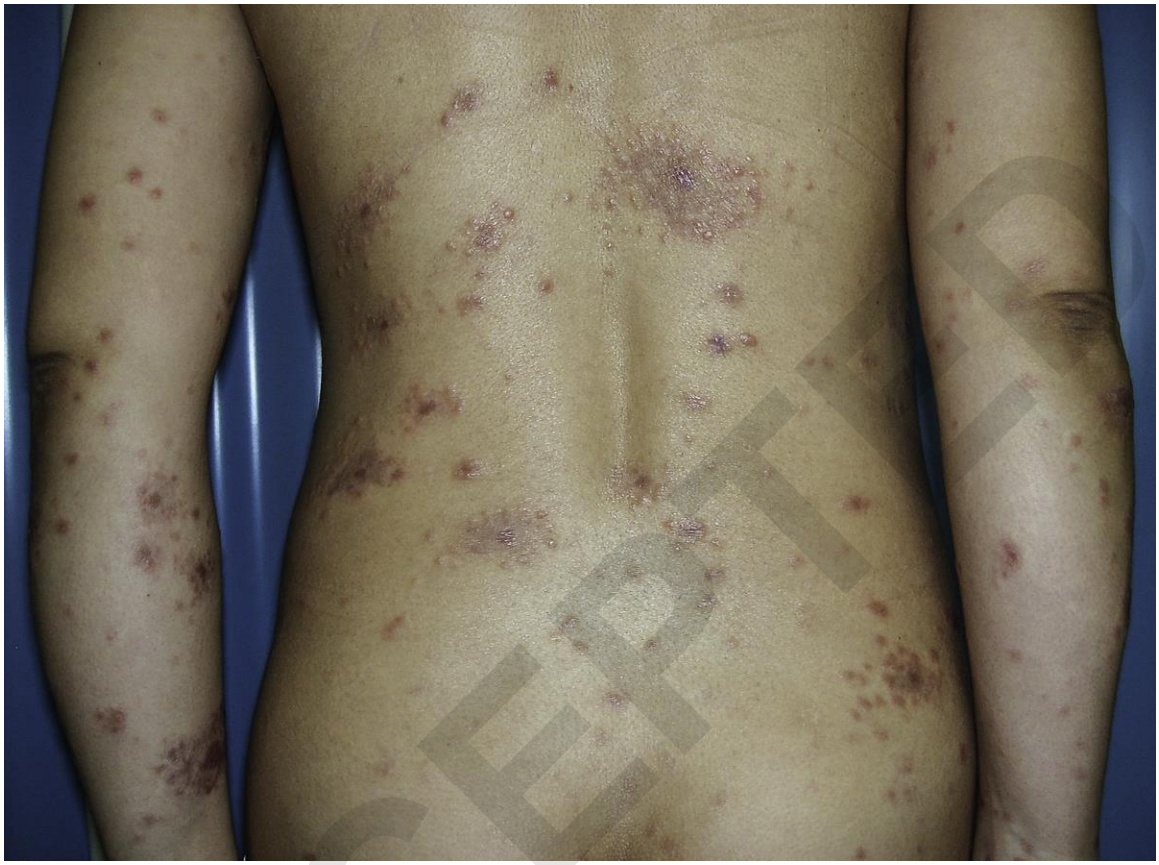

Figure 1C

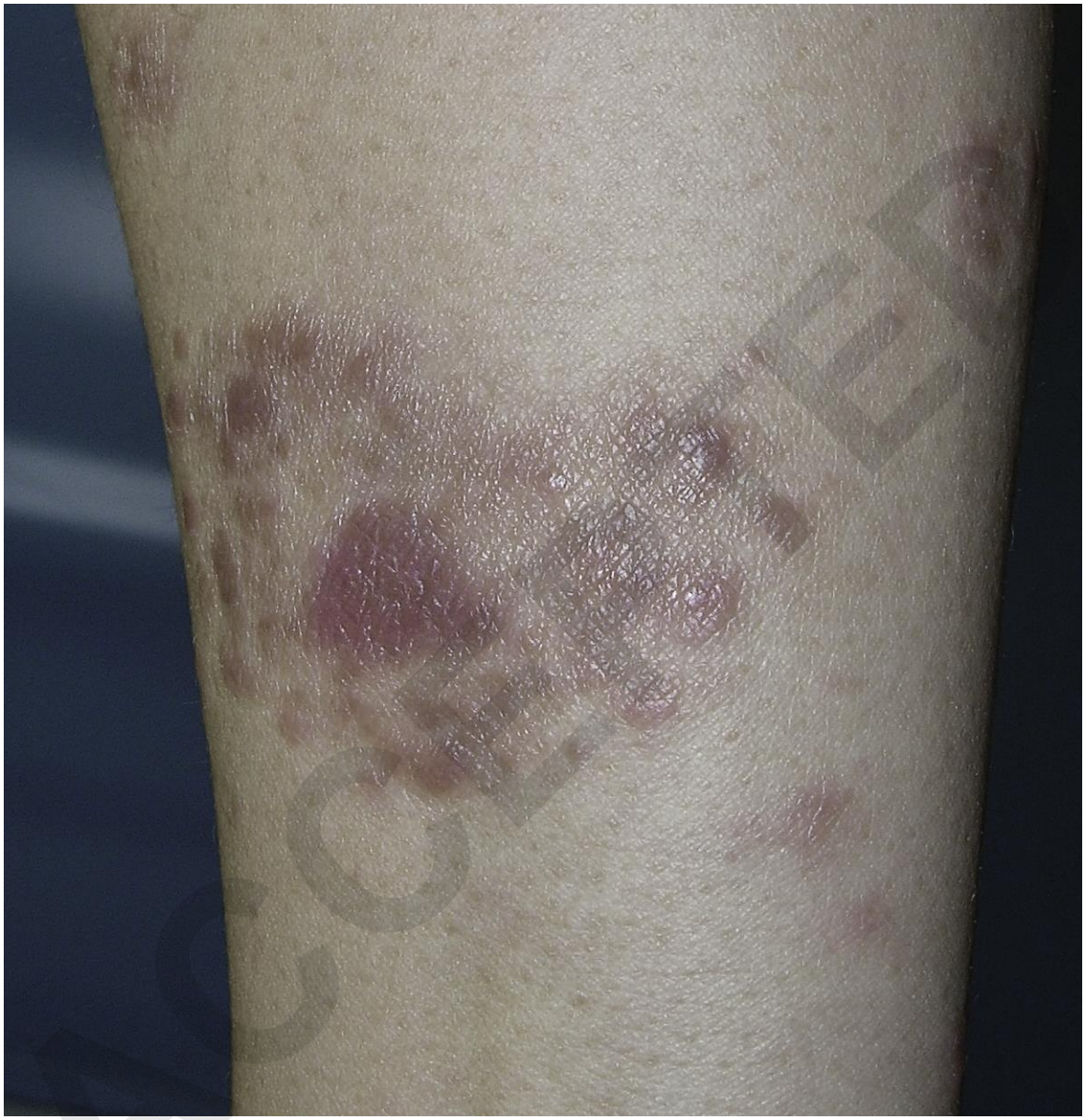

Figure 1D