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Palmoplantar Syphilide - A Rare Case Report

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Abstract

Syphilis is a sexually transmitted disease. It can present in four stages as primary, secondary, latent and tertiary Syphilis. Secondary Syphilis usually presents after four to ten weeks following primary infection. There is drastic decrease in the incidence of Secondary Syphilis over the past three centuries. Violent cutaneous reactions and fatalities associated with Secondary Syphilis are very rare these days.Here, we discuss a very rare case of Secondary Syphilis presenting as hyper pigmented lesion over palms and soles.

Keywords: Secondary Syphilis, Trepenoma pallidum, Papulosquamous lesion.

Introduction

Secondary Syphilis is known as a great mimicker of skin diseases as it presents with myriad of skin lesions including macules, papules, papulosquamous lesions, lichenoid lesions, nodules, pustular lesions, condylomas, oral ulcers and alopecia. About 25 – 35% of patients recovering from the primary stage begin to show symptoms of Secondary Syphilis. Many patients presenting with Secondary Syphilis do not have typical chancre of Primary Syphilis. The incidence of Syphilis has decreased over the past three centuries due to the dawn of antibiotic era[(1)] .

Case History

30 years old male patient presented with complaints of dark colored lesions over the palms and soles for the past 15 days which started as peeling of skin and gradually became hyperpigmented. Lesions were non itchy and not painful. There was no history of blisters preceding the onset of lesions. No history of topical applications prior to the onset. No history of lesions anywhere else in the body. He gave history of unprotected sexual contact with unknown female 14 years back and with unknown male 1 year back.

On examination, multiple well defined brownish black macules and patches of varying sizes ranging from 0.5x0.5cm to 1x1.5cm were seen over the palms and soles with few lesions showing scaling at periphery. Genital examination revealed no ulcer or scar.

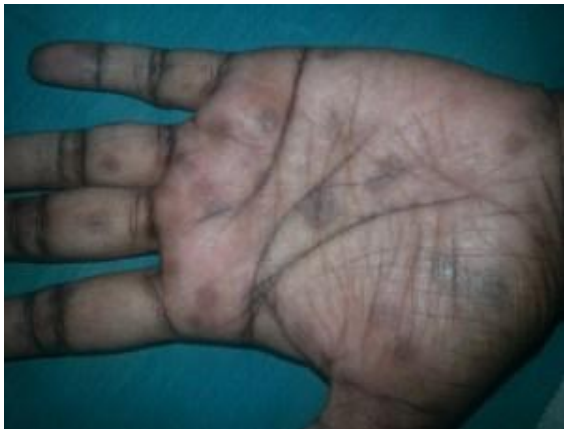

Fig-1: Lesions over the palm

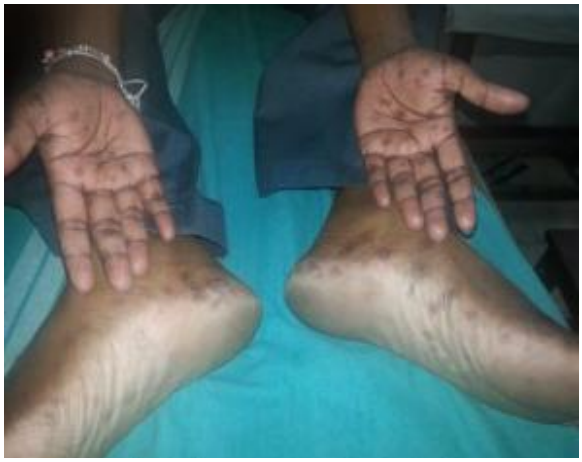

Fig-2: Lesions over the palms and soles

Differential diagnosis: Secondary Syphilis, Contact Dermatitis, Palmoplantar Psoriasis, Tinea nigra, Drug rash were made.

VDRL was reactive 1 in 16 dilutions and TPHA (Treponema Pallidum Hemagglutination Test) was positive. ELISA for HIV1 and HIV2 was negative. Complete blood count, renal function test, liver function test, ECG, chest x ray and USG abdomen were normal.

Biopsy and histopathological examination of the hyperpigmented lesions showed hyperkeratosis, basket weave stratum corneum, prominent granular layer, irregular acanthosis, and vacuolated cells in upper stratum corneum, inflammatory infiltrate in dermis seen around blood vessels consisting mainly of lymphocytes. Thickening of vessel wall, dilated vessels and fibrin deposits seen in one area.

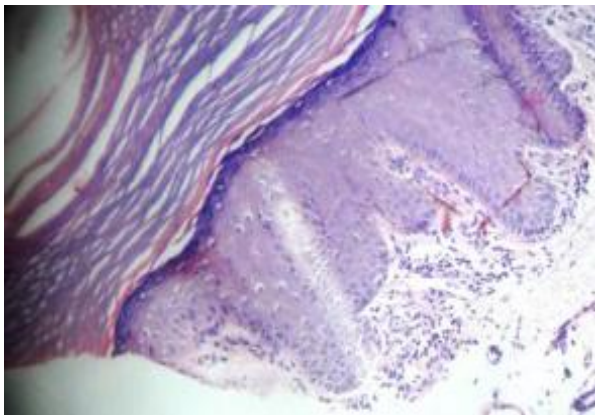

Fig-3: HPE image showing hyperkeratosis, prominent granular layer, acanthosis

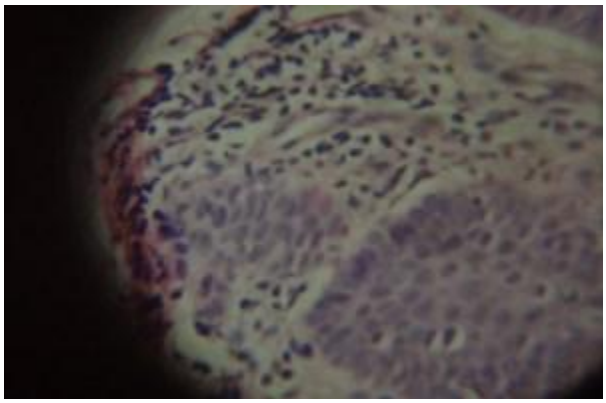

Fig-4: HPE image showing lymphocytic infiltrate

The patient was diagnosed as a case of Secondary Syphilis and was admitted and treated with Injection Ceftriaxone 1g IV od for 10 days. Follow up showed decrease in titre of VDRL and lesions started decreasing.

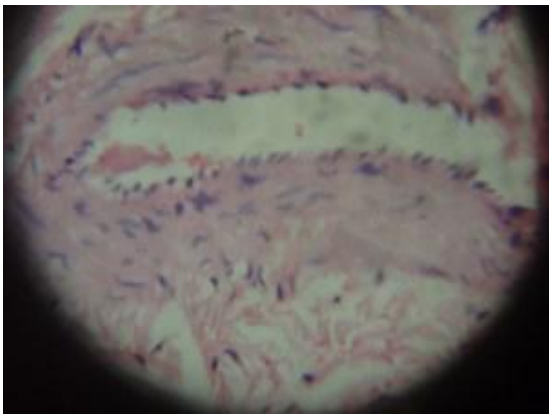

Fig-5: HPE image showing dilated blood vessel with fibrin deposits

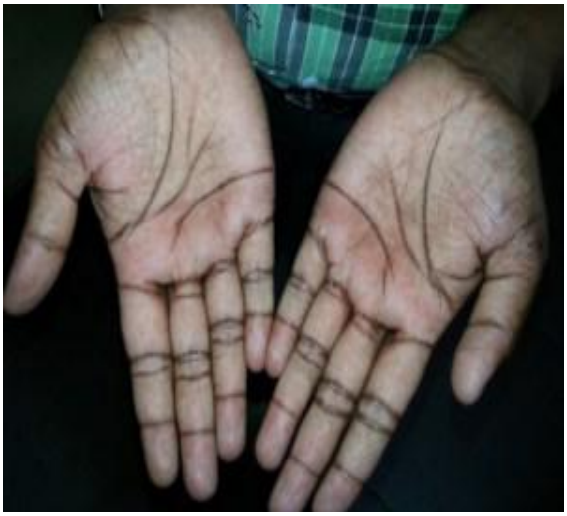

Fig-6: Healed lesions over the palms after treatment

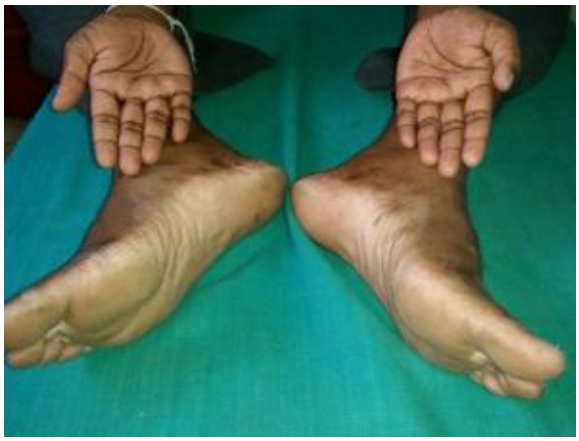

Fig-7: Healed lesions over the palms and soles after treatment

Discussion

Syphilis is an infectious disease caused by the spirochete, Treponema pallidum and it is mainly acquired through sexual contact. The acquired form of Syphilis may be early or late depending on the duration of infection. Early, infectious phase is diagnosed with in two years of infection and it includes primary, secondary and early latent Syphilis. Late Syphilis is noninfectious and it is diagnosed after the second year of infection.

The primary Syphilis usually occurs 10 – 90 days following infection. It manifests as an ulcer or chancre mainly over genital area. Chancres are usually solitary, painless with raised, rolled out edges and dull red, clean looking granular surface. It is usually accompanied by regional lymphadenitis. The secondary stage begins 4- 8 weeks after the appearance of primary chancre[(2)] .It represents dissemination of infection involving many organs of the body skin, mucous membrane, lymph nodes, bones, nervous system, eyes, and abdominal organs. Cutaneous lesions show polymorphisms and they are non vesicular, non pruritic, widespread bilaterally, symmetrically distributed.

Macular syphilide is usually the first eruption to appear and these are rose pink in color, rounded, discrete, 0.5 – 1 cm in diameter distributed mainly over trunk and flexor aspect of the upper limbs. Papular syphilide is the commonest and most characteristic of secondary syphilis. These are dull red, rounded, discrete, symmetrically distributed and usually polymorphic. Variants of papular rash are follicular lesions, annular lesions, corymbose lesions, corona veneris, split papules, condyloma lata, papuloulcerative lesions and nodular lesions. Papulosquamous, hyperkeratotic, pustular lesions can also occur.

Differential diagnosis includes drug rash, pityriasis versicolor, erythema multiforme, lichen planus, psoriasis, acne vulgaris, papular urticaria. Diagnostic workup of Secondary Syphilis includes demonstration of Treponema pallidum from skin lesions, serological tests like VDRL, RPR, TPHA, TPI, FTA – Abs, and histopathological examination of skin lesions.

Treatment of early Syphilis is Benzathine Penicillin G 2.4 million units IM single dose should be given after test dose. Other alternative drugs include Doxycycline 100mg orally bd for 2 weeks or Erythromycin 500 mg orally qid for 2 weeks or Ceftriaxone[(3)] 1g daily for 8 – 10 days.

Conclusion

Syphilis is a very rare entity in this post antibiotic era. Secondary Syphilis usually presents as generalized eruption which is distributed symmetrically. We report this case because of its rare presentation, localized only to palms and soles. As Secondary Syphilis is popularly known as great imitator of skin diseases, a high index of suspicion is necessary for the early diagnosis and to prevent the complications.

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