SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

A TRICKY CASE OF PALMOPLANTAR RASH

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Background: Syphilis is a complex STI, with raising prevalence worldwide. Syphilis is famous as a ˝great pretender˝. In most persons, especially woman and MSM, primary syphilis often goes unnoticed. Approximately 25% of patients, with untreated primary stage, after 4-10 weeks, develop secondary syphilis (SS). 80% of patients with SS have skin changes, 50-70% have constitutional symptoms (fever, malaise, sore throat, lymphadenopathy), 35% have oral lesions, while 20% of them have genital lesions. The macular palmo-plantar rash is highly suggestive on SS.

Observation: 28-year-old man presented to our clinic with a palmoplantar rash. Symptoms started three days ago, as non-itchy and non-painful rash on palms and soles, preceded by high-grade fever, headache, and malaise. Physical examination revealed a macular erythematous palmoplantar exanthema, penile cicatrix, papules on scrotum, modest bilateral enlargement of inguinal lymph nodes and a sore throat. He confirmed having penile ulcer four weeks ago. The man has been working as sales representative, meeting different people and affirming recent risky sexual intercourses. Although he didn˙t have classical roseola, the sparse maculo-papules were present on trunk and tights. According to clinical presentation, the most probable diagnosis was that of SS. Serology on syphilis, hepatitis B/C and HIV was negative. Repeated syphilis tests were negative again.

Key message: In a presented patient many signs and symptoms pointed out SS, like medical history and clinical presentation, including constitutional symptoms and lymphadenopathy, penile scar, papules on genitalia, palmoplantar macular exanthema and sparse macular rash on trunk and extremities. Negative serology testing could be consequence of prozone phenomenon, very high titers or delayed antibody response. Lesion similar to post-ulcus durum scar could be caused by trauma. Palmoplantar exanthema and sore throat could be symptoms of hand-foot-and-mouth disease. Considering that it was summertime, that could be a possible answer.