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SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

SYPHILIS AND LEPROSY COINFECTION: A CHALLENGING DIAGNOSIS

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Background: The association between syphilis and leprosy is not well documented, and the emergence of isolated cases raises the interest and indicates that this dual co infection can occur.

Observation: We report a case of 48 years-old man with well to ill defined skin colored oval to round plaques over the trunk , buttock, and extremities since 2 years with altered sensitivity. He also reported tingling in the hands and feet, shortening of digits with ulcers over the left knee and digits since 15 days . Associated with an erythematous nodule over the right cheek. On examination B/L radial, ulnar, radial cutaneous, lateral popliteal, sural, anterior and posterior tibial nerves were thickened with Left facial palsy . Trophic ulcer, callosities and fissuring were reported with glove and stocking type of anesthesia.

Slit skin smear showed a Mean index of 1+ with biopsy suggestive of borderline tuberculoid leprosy and VDRL test(1:32) and positive test results for TPHA (2560 OD ratio). Treatment with benzathine penicillin G 2.4 million units IM (1 dose) and patient was started on multidrug therapy for multibacillary leprosy with clinical improvement

Key message: Few reports in the literature show coinfection of secondary syphilis and tuberculoid leprosy. In our patient, the simultaneous presence of syphilis and hansen's diseases was demonstrated by the clinical history and laboratory investigation. We emphasize the importance of clinical suspicion for coinfection despite the polymorphism of these diseases as well as precise interpretation of laboratory and histopathology examinations to correctly manage atypical cases.





