

SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

SYPHILIS DE EMBLEE IN A TEENAGER!

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Introduction: In the modern era, where sexually transmitted infections(STI) are decreasing, I report a case of secondary syphilis in a young boy. The awareness about the STI is excellent all over the world. Knowingly or unknowingly it is transmitted mostly to the young and unmarried persons by the person suffering from it and by sexual urge.

Material and Methods: A 17 year old boy came with the complaints of genital discharge and ulcers in the genitalia for 1 week. Clinically the penis showed phimosis, sub-prepuceal collection and greyish white moist papules on the shaft of penis near the prepuce. Asymptomatic hyper pigmented psoriasiform plaques were seen in both palms, soles and dorsum of fingers and hypo pigmented macules and patches all over trunk and both extremities. Epitrochlear, cervical, axillary and inguinal lymphadenopathy were present. Differential diagnoses of secondary syphilis, Reiter's and Behcet's syndrome were made and detailed counselling was given following which he revealed the truth that he had sexual contact with a 32 yr old married lady1 month ago who sexually assaulted and stimulated him to have anogenital sex. The partner could not be traced, hence partner treatment could not be given.

Results: At first visit RPR,HIV 1 & 2 were negative. Patient's parents refused biopsy. Repeat RPR was done in dilutions along with TPHA after 2 days when RPR was positive in >1:32 dilutions and TPHA was Positive in >1:5120 dilutions. Patient had resolving lesions including the palmar lesions after single dose of Inj.Benzathine penicillin 24lakh units in nine days.

Discussion: This teenaged patient who was sexually stimulated and assaulted progressed to secondary syphilis without developing primary syphilis (Syphilis de Emblee) in a month with prozone phenomenon. Detailed history, proper counselling in confidence is emphazised and highlight the importance of sex education from the primary school level.





