



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

## SYPHILITIC BALANITIS OF FOLLMANN: A DIAGNOSTIC CHALLENGE

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**Background:** Eugène Follmann in 1948 first described syphilitic erosive balanitis as manifestation of primary syphilis. However, syphilitic balanitis of Follmann (SBF) is considered a rare condition in the medical literature and so represents a diagnostic challenge. We report a difficult case of diagnosis of SBF in a heterosexual man.

**Observation:** a 56 years-old immunocompetent heterosexual man with a history of unprotected sexual contact 3 weeks before, presented with a two weeks duration erosive balanitis and unilateral mild inguinal lymphadenopathy. No other lesions were visible. First, an infectious balanitis had to be excluded: VDRL was non-reactive, serological testing for HSV and HIV were negative as well as HSV PCR swab testing from glans erosive lesions; bacteriological and mycological cultures from the glans resulted positive for *Staphylococcus aureus* but negative for *Candida albicans*. Thus, a weekly Mupirocin ointment treatment was administered without improvement. After a week, a symmetrical macular roseola-like eruption with palmo-plantar lesions was observed. As the suspicion of early secondary syphilis was high, a further high serum dilution VDRL was performed to avoid a possible false negative result liable to the prozone phenomenon. Therefore, since higher dilution VDRL test was found reactive and the subsequent TPHA test was positive, diagnosis of syphilitic balanitis of Follmann was made. The patient was given 2.4 million units of Benzathine-penicillin, administered intramuscularly, with a noticeable improvement in the following days.

**Key message:** despite balanitis of Follmann is considered a very uncommon condition, since a recrudescence of syphilis during the last decade, treponemal infection should be suspected in all cases of balanoposthitis, in particular after unsafe sexual contact. Thus, clinicians should perform treponemal serology in all cases of balanoposthitis and make sure they exclude the prozone phenomenon in suspected cases when VDRL test result is negative.

