



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

UNUSUAL CLINICAL PRESENTATIONS OF SECONDARY SYPHILIS

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Background: Syphilis is known as the great mimicker and has a myriad of clinical presentations. We report three cases with unusual clinical presentations, where the histopathological and immunohistochemistry findings were important in clinching the diagnosis.

Observation: Patient 1 is a 44-year-old Malay HIV-positive male. He presented with one-month of erythematous nodules over the back, forearm and shoulder. He was initially thought to have Kaposi sarcoma. Punch biopsy revealed a lichenoid, superficial and deep perivascular lymphoplasmacytic infiltrate. Treponema stain was positive for spirochetes. Syphilis serologies were positive. He was diagnosed with nodular secondary syphilis.

Patient 2 is a 60-year-old Chinese male presenting with weight loss, fever, lethargy and alopecia. He also developed small atrophic papules on the face, scalp and abdomen. He was initially thought to have cutaneous lupus erythematosus. Skin biopsy showed a superficial perivascular and perifollicular infiltrate comprising lymphocytes and plasma cells. Spirochetes were also demonstrated on Treponema stain. Syphilis serologies were positive. He was diagnosed with Lues Maligna.

Patient 3 is a 51-year-old Chinese male with one-month of an erythematous maculopapular rash over the trunk and limbs. He was initially thought to have an adverse drug reaction to concurrent analgesia. Skin biopsy revealed a superficial and deep perivascular infiltrate with florid plasma cells. Eosinophils or interface activity were absent. Given the plasma cell-rich infiltrate, serological tests for syphilis were performed and positive. He was diagnosed with secondary syphilis.

Key message: It is important to be aware of the varied clinical manifestations of syphilis. A high index of suspicion, coupled with detailed history is necessary. Immunohistochemistry is a useful aid for the diagnosis if a skin biopsy for histology is performed.

