OSTEOLYTIC LESIONS IN EARLY SYPHILIS
(Case report)

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Summary

A patient with osteolytic changes in the right clavicle and right acromio-clavicular joint due to early syphilis is reported. The rarity of such lesions in contrast to osteitis and periostitis in early syphilis is emphasised. The need for awareness of the occurrence of such lesions in early lues is highlighted.

Osteitis and periostitis of the long bones and flat bones of the skull and sternum are well known skeletal manifestations of early acquired syphilis. Osteolytic lesions, however are very rare. The lack of awareness of such lesions as manifestations early syphilis may lead to diagnostic errors with consequent withholding of therapy for syphilis, especially when these present as the sole clinical feature.

The rarity of lytic lesions of bones in early syphilis prompted us to make the following report :-

Twenty five year old married female, mother of one child, was referred from the Department of Medicine, Erskine Hospital, Madurai on 10-2-1978 with complaints of fever, and pain in all the major joints which was particularly severe in the right shoulder. She also complained of redness, photophobia and poor vision in the right eye.

Her husband, who was a travelling salesman lived away from his family most of the time. She disclosed that he had confessed having had extramarital contact one of which about an year earlier was followed by a penile sore.

On examination, apart from tenderness on tapping the ends of all long bones, patient had severe tenderness over the right shoulder and adjoining lateral one-third of right clavicle. Movement of the right shoulder was so painful that she could not lift her right upper arm. She had iridocyclitis in the right eye, confirmed by ophthalmalogic examination and discrete papular, non-itching eruption, symmetrically distributed all over the extremities and trunk. Examination of other systems was non-contributory. Her blood VDRL test was reactive in 128 dils. Blood counts were within normal limits; while the E S R was 40 mm/hr. Serum protein estimation showed elevated globulin level with a rise in 2 globulin fraction.

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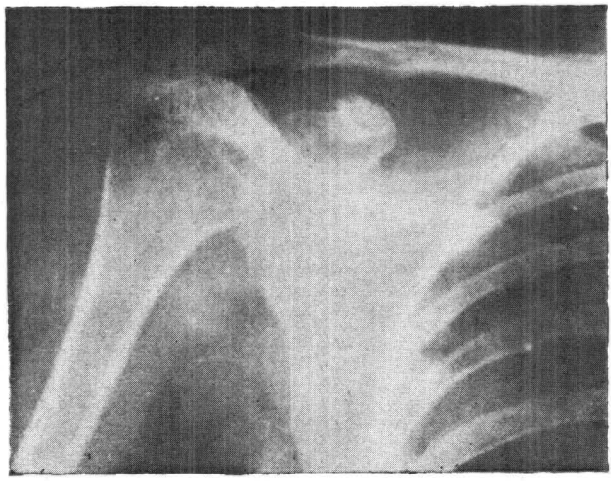

Fig. 1

Radiological examination of the right shoulder region revealed osteolytic changes in the right acromio clavicular joint and the lateral end of the right clavicle (Fig 1). Other bones and joints were normal.

In view of the typical clinical picture of secondary syphilis -viz., history, presence of nonitchy papular cutaneous eruptions in characteristic distribution and iridocyclitis supported by a highly reactive blood VDRL test, a diagnosis of lues was made and the patient put on antisyphilitic treatment with injection Benzathin Penicillin 2. 4 mu IM in a single dose.

Patient showed rapid relief from all her symptoms including the severe pain in the right shoulder. She was able to lift her right arm in three or four days and make full use of the affected joint in a couple of weeks. Radiological examination done at the time of discharge, three weeks after admission showed sclerosis of lysed areas and an almost normal appearance of the right clavicle (Fig 2).

Discussion

Osteolytic lesions in early syphilis appear to be distinctly rare. Burrows (1937) described a case of atrophic syphilitic lesions of bone in late secondary syphilis which resulted in pathological fracture of humerus.[1] Wile and Welton (1942) described 2 cases, one with destructive lesions of the ribs and spine and another with similar lesions in the skull in secondary syphilis.[2] Bauer and Caravati (1967) reported a case of osteolytic lesion of the right frontal bone in a 26 year old female, who responded well to anti-luetic therapy.[3] The radiological picture took nearly a year to return to normal. A study of 10,000 cases of early syphilis by Reynolds and Wasserman (1942) revealed fifteen cases with osteolytic lesions[4]. However, Thomson and Preston (1952) obtained a higher incidence (8 7%) among 80 patients with early lues in whom routine skull X-Rays were taken.[5] According

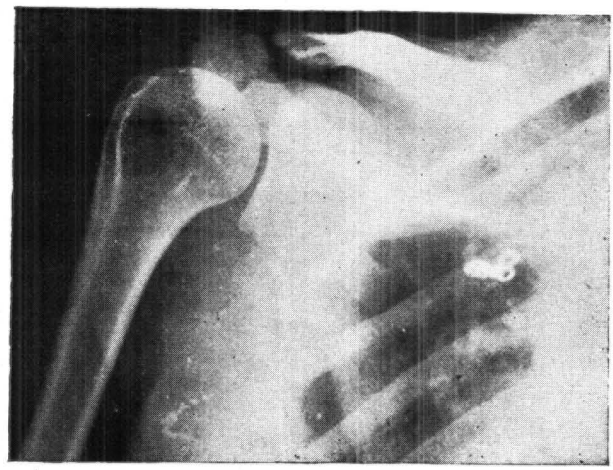

Fig. 2

to them, the high incidence of lytic lesions in their series was due to routine bone survey. Sarkany (1965) reported polyarthralgia with lytic changes in the right sterno-clavicular joint in a young woman with secondary syphilis.[6]

In a small series of 73 cases of secondary syphilis, (30 males and 43 females) seen by us in the Department of STD, Erskine Hospital, Madurai from November 1977 through February 1978, only one patient showed lytic changes though nine patients who presented with predominant bone and joint complaints were radiologically surveyed. In the other 8 cases, there were no radiological changes.

Acknowledgment

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