PRURITIC PSORIASIFORM CUTANEOUS LESIONS IN SECONDARY SYPHILIS

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A 33-year-old male had severely itchy psoriasiform lesions on his scalp, face, arms and shaft of penis. He also had loss of hair on the lateral half of both eyebrows and the temporal part of his scalp, generalized lymphadenopathy, coppery coloured macules on his palms and soles, ulcers on the mucosa of his upper lip and soft palate and condyloma lata on his anal mucosa. VDRL test was positive in the titre of 1:128. The itching along with the other symptoms and signs disappeared completely in one month with a single dose of 2.4 mega units of benzathine penicillin given intramuscularly.

Key words : Secondary syphilis, Pruritic lesions.

In secondary syphilis, cutaneous lesions have generally been described as non-pruritic. It is further believed that the presence of pruritic skin lesions virtually rules out the diagnosis of secondary syphilis. An exception to this is the follicular lesions, which are pruritic.[1,2] However, Lochner and Pomeranz,[3] and Cole et al[4] had reported cases with pruritus in the non-follicular cutaneous lesions of secondary syphilis. The case described here is probably the first report of secondary syphilis having severely itchy psoriasiform cutaneous lesions from the Indian subcontinent.

Case Report

In March 1986, a 33-year-old male presented with severe itchy psoriasiform lesions of 2 months duration on his scalp, face, arms and shaft of penis. In February 1986, he had taken a course of chloroquine for a bout of fever which increased the size and the number of the skin lesions. In the second week of February 1986, due to itching and psoriasiform nature of the lesions he was prescribed an ointment containing coal-tar 6%, salicylic acid 3% in petrolatum for local application with slight improvement. However, he started losing hair from the lateral side of his eyebrows and temporal part of the scalp. He gave history of multiple sexual contacts. The last sexual contact was on December 15, 1985. There was no history of any ulcer on the penis before or after the last exposure. On examination, generalized lymphadenopathy, coppery coloured macules on the palms and soles, ulcers on the mucosa of the upper lip and soft palate were noted. The anal mucosa showed lots of moist papules of condyloma lata. Blood for VDRL test was positive in 1:128 titre. He was given injection benzathine penicillin 2.4 mega units intramuscularly after the test dose. He developed fever 6 hours after the injection which subsided spontaneously during the next 6 hours. During the next 7 days the ulcers in the mouth disappeared, itching improved significantly and the size of condyloma lata and psoriasiform skin lesions decreased considerably. Itching, coppery lesions on palms and soles, psoriasiform lesions on the shaft of penis and condyloma lata disappeared completely during the next 10 days. In another 20 days all his skin lesions also disappeared. The lateral half of the eyebrows started showing hair growth. Blood for VDRL test was positive in 1:32 titre. After 5 months, his eyebrows were fully grown, lymphadenopathy was significantly reduced and there were no mucosal lesions. Blood for VDRL test was positive in 1:16 titre. During the next 10 months, there was no recur-

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rence of either the skin or mucosal lesions.

Comments

Presence of generalized lymphadenopathy coppery coloured macules on the palms and soles, ulcers on the mucosa of upper lip and soft palate, condyloma lata on the anal mucosa loss of eyebrows and scalp hair with erythematous skin rashes suggested the diagnosis of secondary syphilis. Positive VDRL test in 1:128 titre confirmed the diagnosis. Development of Herxheimer reaction after the benzathine penicillin further confirmed the diagnosis of secondary syphilis. Complete relief from itching along with the other symptoms and signs after a single injection of benzathine penicillin suggest that the severe itching was a manifestation of secondary syphilis.

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