CASE REPORTS

"SYPHILITIC LEUCO-MELANODERMA-REPORT OF 3 CASES"

By

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INTRODUCTION

Osler the great physician pointed out "Know ye syphilis and all things clinical shall be added on to you". The age old maxim embodies a gem of wisdom and is particularly true in case of syphilitic cutaneous manifestations which are so varied and misleading that unless one entertains a high degree of suspicion, these may be easily missed.

"The general rule that secondary sphilides involute without a trace of their presence has definite exceptions in the atrophic and pigmentary residua which are among the most distinctive lesions of the latent period of the disease and the most helpful landmarks in the identifications of infection which might never attract attention" – Stokes (1945). The following patterns of pigmentary and depigmentary disturbances may be met with due to syphilis or other Treponemal diseases.

LEUCOMELANODERMA

Manifested in the form of reticulate pattern of pigmentation with intervening areas of depigmentation usually over the clavicleur area, palms and soles or elsewhere. This follows on the heels of secondary stage and may persist during the late stage.

LEUCODERMA

Leucoderma as such is uncommon, usually it is a combination of depigmentation interpersed with hyper-pigmentation-leucomelanoderma as detailed above.

Depigmentary changes are also seen as a result of healing of secondary stage of bejel and pinta, commonly the latter.

Recently we came across three interesting cases of leucomelanoderma of the palms and soles, who on further investigations were proved to be syphilitic. Such manifestations being rare, it has been thought worthwhile to document these cases for the academic interest of others.

CASE REPORTS

Case No. 1: N. K. B. 22 male, reported on 10–7–65 with the chief complaints of irregular patches of black pigmentation with areas of hypopigmentation present in localised patches symmetrically over both the palms and as well as left sole for the last 3½ years. These lesions have since persisted without appreciable change in size and colour.

* Received for Publication on 23–5–66.

The patient had a sore over the glans penis abcut 4 years back after an exposure with a friend which healed leaving a scar after treatment from a doctor in the form of tablets and topical ointment. After a couple of months, he noted pigmentary patches over the palms of both hands and soles, which have since been persisting with progressive increase in size till they assumed the present shape.

Photograph 1

Local examination showed brownish to black pigmented patches present in variable sizes symmetrically over both the palms with intervening hypopigmented areas resulting in reticulate pattern; there was neither scaling nor any changes in texture of the skin or any atrophy. The similar patches were present over left sole.

The glans penis showed a scar on the corona glandularis of old healed lesion.

There were no other cutaneous lesions nor any mucous patches. Lymph glands were nct palpable.

INVESTIGATIONS

1. S. T. S. VDRL + ve.
   PPR + ve.
   Quantiatative-Positive in dilution I in 64.
2. Biopsy of lesion.
   Nonspecific inflammatory changes.

TREATMENT & PROGRESS

The patient has received 7.2 mega units of PAM and 0.8 gm of Bisoxyl so far.

S. T. S. is V. D. R. L. + ve-PPR + ve

Quantitative. + ve in dilution of I in 32.

The lesions have shown some degree of regression in size and slight fading of the colour.

The case is being further followed up in the V. D. Clinic.

Case No. 2 R. S. 18 Yrs, female reported on 9-9-65 in the V. D. Clinic with pigmentary and hypopigmentary patches present symmetrically over the palms as well as soles for the last 4 months. According to the history, she started with erythemato usquamous eruptions over both forearms, hands legs as well as feet which followed an episode of sore throat. The fever subsided within 4-5 days while the rash over the limbs disappeared after a couple of weeks, with the use of antihistaminic tablets. However, the pigmentary as well as depigmentary patches over palms and soles have since been persisting.

Photograph 2

On interrogation, the patient gave history of exposure about 1½ years back which was not followed by any obvious genitial sore or rash over the body. Family history, revealed that the patient was married only 6 months back.

Local examination showed pigmentary as well as depigmentary patches present symmetrically over the palms and soles. There was neither scaling nor any changes of the skin. The mucous membranes were free of lesions.

Inguinal lymph glands were palpable as multiple, firm and discrete. The supra-trochlear glands of right side were also palpable as firm discrete and rubber like.

INVESTIGATION

1. S. T. S. VDRL / PPR : + ve

Quantitation : Positive in dilution of 1 in 128 and subsequently 1 in 64.

Vaginal smear.
Cervical smear. :- No pathogenic organism seen.

Urethral Smear.

TREATMENT AND PROGRESS

The patient has completed 7.2 mega units of P. A. M. and has now been started on a course of bismuth and she has already received 0.3 Gms of the same.

Her husband was also called and examined.

He gave history of multiple exposures. He had a sore 1 year back and urethritis.

EXAMINATION

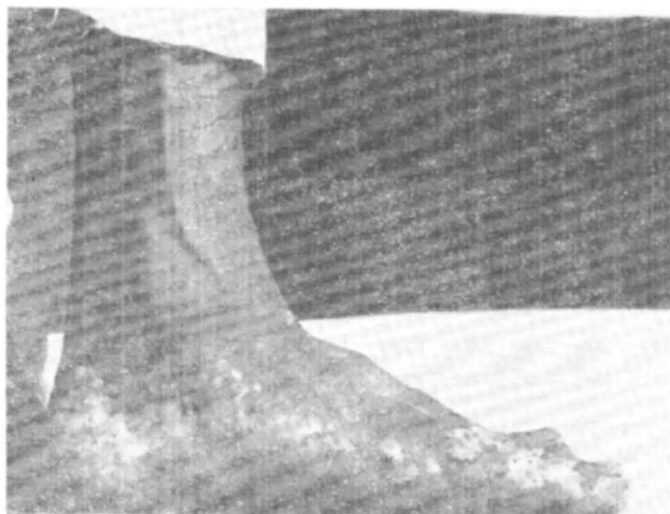
1. Urethral smear. — Negative for G. C.
2. S. T. S. — VDRL
PPR : +ve

   Quantitative. — Positive in dilution of 1 : 4

The patient has been put on P. A. M. therapy from epidemiological angle.

CASE NO. III

V. B. 35 male reported on 10-8-64 with predominantly depigmentary and pigmentary patches present diffusely and symmetrically over both the palms as well as soles for the last 3 months.



Photograph 3

The experience with the above two patients had made us much more suspicious and conscious of syphilic origin of such lecions. The patient was stripped and it was found that there was florid erythematosquamous rash over the trunk, buttocks, scrotum and the shaft of the penis.

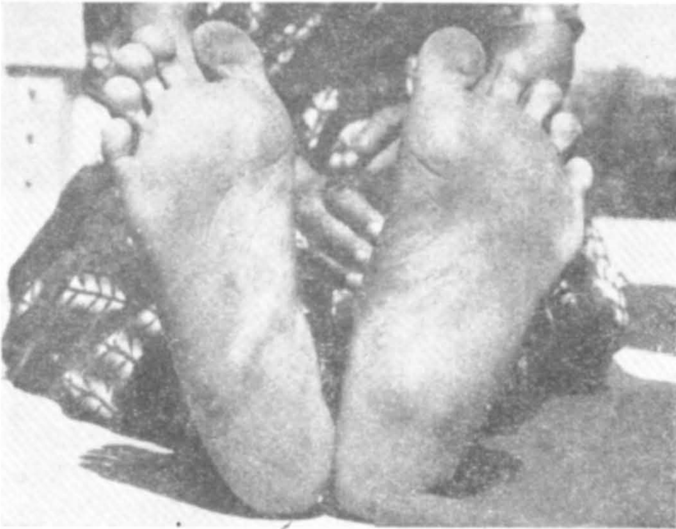
The glans penis revealed evidence of a healing sore.

INVESTIGATIONS

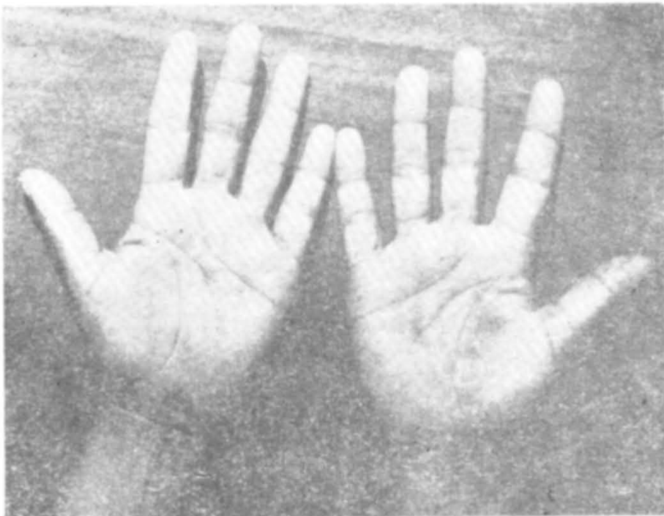
S. T. S.	—	VDRL : PPR	+ ve	—	Quantitation 1 :128

On interrogation, the patient was married and also gave history of extra marital exposure.

The patient defaulted but reported again on 7-10-65 after persuasion by the social worker. The secondary rash by that time had disappeared but characteristic



Photograph 4



Photograph 5

patches of leucomelanoderma were still present. S. T. S. repeated at the time was positive in dilution of I in 16. The patient was put on PAM therapy.

His wife was brought for check up.

She showed hyperpigmented patches over the palmas and soles. Symmetrically disposed with scaling 1½ months. The history showed that she had developed erythemato-squamous eruptions over the peripheral parts of both the extremities and palms and soles about two months back i. e. about a month and a half after the husband got the rash. Inguinal, epitrochlear and cervical lymph glands were palpable as firm and discrete and rubber like.

S. T. S.—VDRL	+ve	Quiatitation
PPR	+ve	I in 16

DISCUSSION

Pigmentary and depigmentary cutaneous lesions are quite a rare feature of syphilis. The classical syphilitic dyschromia in the form of " Leucoderma coli " as reticulate pigmentation enclosing depigmented macules on the sides and back of the neck is occasionally seen amongst dark haired women.

Secondary syphillides usually heal without any sequale. However, in occasiona case some degree of hyperpigmentation may be left over for a variable period after the rash has disappeared. This may sometimes be the only clue to the existence of syphilitic infection.

Syphilitic leuco-melanoderma in the form of patchy hyperpigmentation with intervening areas of hypo or depigmentation as stated above is a rare manifestation and when met with the usual site is the collar region. It may also occur over waist, palms, soles or elsewhere on any other part of the body. These lesions are devoid of any scaling or atrophy and are thought to be syphilitic manifestations (Stokes, 1945). There is no unanimous opinion as to what stage of syphilis these patches represent. Whereas Marshall (1960) puts these as a manifestation of secondary syphilis, Willcox (1964) labels these as a part of late syphilis.

On reviewing the cases I and II, we find that the leucomelanoderma in both these cases has occured in the late stage of syphilis as depicted by the absence of any other signs of early syphilis and the history of exposure being many years earlier. While case III reported to us with leuco-melanoderma concomitant with secondary syphilitic rash and a healing primary sore. The serology report also bears out the above clinical impression because the quantitation in the first two cases was positive upto I in 64 whereas in the third case the positivity had gone upto I : 128.

This shows that leuco-melanoderma can manifest as early syphilis on the heels of secondary syphilides and may persist for many years as late benign territory syphilis–a view which corroborates with that of King and Nicols (1964).

SUMMARY

Three cases of syphilitic leucomelanoderma are presented as rare cutaneous manifestation of syphilis and thus of great clinical interest. Whereas the first two cases represented late stage of syphilis, the third case showed leucomelanoderma concomitant with florid secondary rash thus manifesting early syphilis.

It is therefore likely that syphilitic leucomelanoderma may start in the early syphilis on the heels of secondary rash and may persist for many years subsequently as a manifestation ol late syphilis.

ACKNOWLEDGEMENT

We are thankful to Dr. P. C. Dhanda, Principal-Director, Maulana Azad Medical College and Dr. P. Diesh, Medical Suptd., Irwin Hospital for their kind permission to publish this paper. Thanks are also due to the staff of the Department of Venereology and Microbiology for the laborotory investigations and Mr. M. L. Narang for secretarial assistance.

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LEGENDS FOR THE CLINICAL PHOTOGRAPHY

Photograph I, Case No. I, *N. K. B. 22 Male.*—Showing patches of pigmentation interspersed with hypo-pigmentation, syphilitic leucomelanoderma over the palms of both the hands for the last 3 years.

Photograph 2, Case No. 3, *V. B. 35 Male.*—Showing pigmentary and depigmentary patches over both the hands, leucomelanoderma chiefly on the palmar aspects for the last 3 months.

Photograph 3, Case No. 3, *V. B. 35 Male.*—Showing similar pigmentary and depigmentary patches over both the feet predominantly on the soles.

Photograph 4, *Wife of Case No. 3.*—Showing erythemato-squamous patches as secondary stage of syphilis over the soles of both the feet symmetrically distributed.

Photograph No. 5, *Wife of Cale No. 3.*—Showing symmetrical erythemato squamous patches over the palms-secondary stage of syphilis.

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