

PRECOCIOUS TERTIARY SYPHILIS (Case report)

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Summary

A case of precocious tertiary syphilis is reported. The reasons for the early onset of tertiary stage and positivity of Rose-Waaler test are discussed.

Introduction

Tertiary manifestations of syphilis on skin, mucous membrane and supporting structures like bones, joints, muscles and ligaments are known to occur, 3-10 years after the appearance of primary stage¹. However, under certain circumstances, these manifestations occur much earlier than anticipated and is then termed as precocious tertiary syphilis. The details of a case is reported here because of the paucity of such reports in the current literature.

Case Report

25 years old male presented in the V. D. outpatient clinic, Government General Hospital, Kurnool with the complaints of epistaxis, stuffiness of nose, joint pains and crusted lesions on the skin of 10 months duration. He gave history of exposure to V. D. 1 year earlier, which was followed 1 week later by an ulcer on genitalia. Patient took 3 injections of Procaine penicillin for that and ulcer healed after 1 week.

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The patient has 2 elder sisters, 35 and 32 years old, and 1 younger surviving brother of 18 years. One sister who was younger to the patient died 2 years after birth due to some unknown ailment. All the surviving brothers and sisters are healthy. Patient is unmarried but promiscuous by nature.

On examination, there was flattening of the root of the nose. Inside the nose there was congestion of the mucous membrane with crusting and perforation of the bony part. All joints were tender. Fingers were swollen, tender and fusiform. Anterior border of the tibia was irregular and tender. There were three crusted lesions on the skin, one $\frac{1}{2}$ " to the left of supra sternal notch, second slightly below the right sternoclavicular joint, and the third on the dorsal aspect of right forearm. There was a healed scar on the glans at 12-O' clock position.

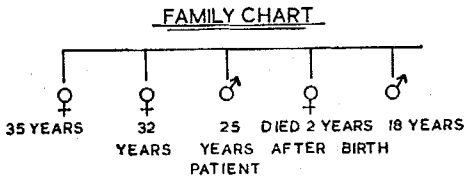
Investigations

Total and differential W.B.C. counts, urine analysis and stool examination were normal. ESR was 50 mm at the end of 1st hour. VDRL was reactive in 4 dilutions and Rose-Waaler test positive in 64 dilutions. L. E. cell phenomenon was negative. X-ray of

the lower limbs showed periosteal reaction of tibia with thickening and sabre shaped appearance. (Fig. Page No. 345) X-ray of the fingers showed periosteal thickening with destruction of cortex of phalanges.

Histopathology of skin lesion showed collections of round cells, epithelioid cells, and plasma cells around blood vessels with endothelial proliferation and endarteritis.

C. S. F. examination normal. C.S.F. VDRL was non reactive.



Treatment

Patient was administered Procaine Penicillin 8 lakhs I. M. daily for 15 days i. e., total of 12 mega units. With this treatment all the skin lesions subsided. Epistaxis, crusting of nasal mucosa and discharge through nose ceased. Pains all over the body ceased and swelling and tenderness of fingers

completely subsided. Blood V.D.R.L. became non reactive 3 weeks after the initiation of treatment.

Discussion

Presence of perforated nasal septum, periosteal reaction of tibia and small bones of hand, histology of skin lesions, positive serology, clinical and serological response to treatment all suggest this case to have gummatous reaction. However, the duration from the time of exposure to the development of clinical manifestations of tertiary syphilis is short. It is likely that the incomplete treatment patient had in the first instance caused precocious tertiary manifestation.

Positivity of Rose-Waaler test may suggest an associated rheumatoid arthritis. However, the absence of any changes in the skiagram of the joints of the fingers dispels such a possibility. It is most likely that it is a false positive reaction.

REFERENCE

1. King A, Nicol C: Late acquired syphilis, Venereal diseases, second edition, Baillere Tindall & Cassel, London, 1969, p 29.

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