CASE REPORT

LEUCOMELANODERMA IN LATE CONGENITAL SYPHILIS

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All treponematoses may produce areas of depigmentation and hyperpigmentation in their late stage[6]. Such an occurence is referred to as leucomelanoderma. In late non-venereal treponematoses leucomelanoderma is accompanied by changed texture of skin[3]. On search of available literature we did not come across any report of leucomelanoderma accompanied by changed texture of skin due to syphilis, either acquired or congenital. In this communication we report a case of congenital syphilis who developed leucomelanoderma of palms and soles accompanied by thickening of skin at the age of 35 years.

CASE REPORT

History: R., 35 years female, reported on 27th July 1967 with complaint of white patches on palms of eight months' duration. Similar patches were present on soles for the last 3 months. Patient denied having suffered from any illness before.

Physical examination: Examination of palms showed areas of depigmentation and hypergigmentation accompanied by thickening of skin; the lesions extended to anterior surface of wrists (Fig. 1). Similar lesions were seen on both soles. Lips showed radiating scars i. e, rhagades (Fig 1). There were no other skin lesions Upper central incisors showed features of Hutchinson's teeth (Fig. 1). First lower molar teeth showed caries. All the teeth were hypoplastic Bridge of the nose was slightly depressed at its root. Examination of eyes showed divergent squint with ocular nystagnus. Pupils showed very sluggish light reflex (checked on slit lamp) and good papillary reaction on accommodation convergence (Argyll Robertson Pupils). Examination of remaining nervous system did not reveal any abnormality. Cardiovascular system did not show any evidence of aortic aneurysm There was no hepatospleno-megaly or significant lymphadenopathy.

Investigations: Blood V.D.R.L. test was positive 1:8. C.S.F. Examination showed 4 cells per c.m.m, 30 mg% proteins and negative V.D.R.L. test. Examination of husband and one daughter did not show any evidence of syphilis and their blood V.D.R.L. tests were negative. One daughter (18 years old) could not be got for examination inspite of all possible efforts.

Treatment & Follow-up: Patient was treated with injection PAM 6 lac units daily for twenty days. Repeated blood V.D.R.L. tests done on 17th November 1967 and 10th January 1968 showed no change from the previous

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result. Blood V.D.R.L. test done on 26th November 1968 was positive 1:16. On 5th December 1968, 24 lac units of benzathine penicillin were given. There has been no significant change in the signs of except that skin of the palms and soles has become less thickened.

DISCUSSION

The occurence of leucomelanoderma of palms and soles with changed texture of skin appears to have not been described as manifestation of late syphilis. However, leucomelanoderma with changed texture of skin occurs during the late stage of non-venreal treponematoses[3].

Our patient showed definite evidence of congenital syphilis in the form of teeth abnormalities, rhagadas on lips and Argyll Robertson pupils. In addition, the patient showed leucomelanoderma of palms and soles with changed texture of skin which developed at the age of 35 years. Leucomelanoderma in our patient may be due to either syphilis or nonvenereal trepenomatoses. Possibility of yaws being the cause of leucomelanoderma ts unlikely because attempts to produce experimental inoculation of yaws in patients with late syphilis result in failure[5]. Bejel is found in the middle east, especially in Iraq, Syria, Israel, and the Arabian Peninsula[1]. Pinta can be successfully inoculated in syphilitics[4]. Further sporadic cases of pinta have been reported from our country[2]. As such possibility of pinta being cause of the leucomelanoderma cannot be ruled out. However, there is no evidence of any lesions other than those on palms and soles to indicate earlier stages of pinta. As there is definite evidence of congenital syphilis in our patient, syphilis is the most likely cause of the leucomelanoderma.

Summary: A case of late congenital syphilis showing leucomelanoderma of palms and soles accompanied by changed texture of skin is reported. Such an occurrence does not appear to have been reported before

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Fig. 1: Showing leucomelanoderma on palms, Hutchinson's teech and rhagades on lips