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CONGENITAL SYPHILIS - STIGMATA

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A 70-year-old male presented with recurrent ulceration on lower leg, extensors of forearms, arms, forehead and elbows with cigrette paper scarring. Palatal and nasal septal perforations, sudden blindness in one eye, hepatosplenomegaly, anterior bowing and thickening of tibia (sabre tibia) were present. VDRL and TPHA were positive.

Key Words : Congenital syphilis, Perforation

Introduction

Despite the fact that congenital syphilis can be prevented by detection and treatment of infected expectant mothers, it still occurs with distressing frequency in many parts of the world. The clinical discription of congenital sypilis includes:

1. Early congenital syphilis.
2. Late congenital syphilis.
3. Stigmata - including scars and deformities which are the consequences of early and late congenital syphilis.[1]

A patient who had stigmata of congenital syphilis and was confirmed by reaginic and specific tests is reported herewith.

Case Report

A 70-year-old male patient, not a known diabetic or hypertensive, presented with painless, recurrent, punched out, non-healing ulcerations over legs for the last 58 years. Later on ulcers appeared over forehead, extensors of forearms, arms and elbows. There was sudden appearance of diminision of vision with photophobia and pain leading on to blindness. He had no GIT, cardiac, CNS, urinary symptoms and no hearing problems.

He was married. His wife and all offsprings with grand children were normal. He did not know about any problem in parents. Examination revealed anaemia with hepatosplenomegaly. Systemic examination did not reveal any abnormality. On cutaneous examination, anterior bowing and thickening of tibia was present with atrophic scarred skin over both the shins bound down to underlying bone and at places showing punched out ulcerations and crusts. (Fig.1). Cigrette paper scarring was present over both elbows, extensors of arms, forearms and forehead. Oral mucosa showed pin head sized palatal perforation in hard palate and nose had a large septal perforation (Fig. 2). Eyes revealed dense corneal opacities with complete loss of vision in right eye. Left eye was normal. Patient was edentulous. VDRL test was reactive in dilution and TPHA was positive. Ultra sound showed hepatosplenomegaly with left renal cyst. X-ray both legs revealed irregular periosteum and cortex at anterior and medial margin of mid shaft of tibia. There was thickening and widening of tibia seen at mid shaft with bowing.No epiphysitis and no metaphysitis was seen. The X-ray changes were quite suggestive of congenital syphilis (Fig.3). The patient had received penicillin injection in the past.

Discussion

Late congenital syphilitic eruption of skin and mucous membranes are essentially like those of late acquired syphilis, for example

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nodular syphilides, gummata and periostitis. Signs characteristic of congenital syphilis alone must therefore be sought. In our patient the disease started when he was 8 years old. The sabre tibia, interstitial keratitis leading to blindness, gummata causing perforations in nose and palate all point to this fact.

The possibility of third generation congenital syphilis is very small.[2] His children were normal. In the literature we could find very few case reports of late congenital syphilis.

References

1. Morton R S.The Treponematoses.In: Textbook of Dermatology (Champion RH, Burton JL, Ebling FJG, eds). 5th edn. Oxford: Blackwell Scientific publications, 1992; 1102
2. Robinson RCV. Congenital Syphilis. Arch Dermatol 1969; 99: 599-610.