

HORNYPHILIDE

PRANESH NIGAM AND V. K. AGRAWAL

Summary

An unusual cutaneous manifestation of syphilis is presented.

Osler, the great physician, said, "Know ye syphilis and all things clinical shall be added on to you". The age-old maxim embodies a gem of wisdom. This is particularly true in cases of syphilitic skin manifestations which are so varied and sometimes misleading that they are liable to be missed unless one entertains a high degree of suspicion.

The case of cutaneous syphilis reported below resembled a viral wart, cornu cutaneum, tuberculosis verucosa cutis or secondary yaws. If a routine S.T.S. had not been done and if physician's threshold of suspicion of syphilis had been low, the cause of this condition could have been missed.

Case Report

A 25 year old unmarried male labourer, from Mahoba Distt. Hamirpur, U. P. attended Skin, V. D. Out patient Department, of M.L.B. Medical College hospital in September 1975 because of few warty growths over dorsum of right foot. This growth started 1½ years earlier as a small warty lesion on the dorso-lateral aspect of right great toe. After few days a similar lesion developed close to it simulating a "Kissing Wart". He went to the local hospital, where he was given 20% Podophyllum ointment for about one month. Patient

tried shaving of the wart which resulted in profuse bleeding. Later patient applied Concentrated Sulphuric Acid (Gandhak ka tejab) which resulted in ulcer formation. This ulcer healed in a few days, but the warts became even bigger. In our clinic his blood was sent for serological test which was reported as reactive for syphilis. There was history of sexual contact and a penile sore about 3-4 months back.

On examination the patient was found to be a young average built individual in good health. Systemic examination did not reveal any abnormal findings.

Examination of genitalia revealed a scar on the coronal sulcus at 9'O clock position. Inguinal lymph nodes were enlarged, more on right side, discrete, firm, non-tender and mobile. Local examination revealed seven painless, non-indurated warty excrescences over dorsum of the right great toe, second toe and foot. Few of them (three) were large and showed peripheral pigmentation. There was no other abnormality of the skin. Mucous membrane, joints and bones were normal.

Routine blood examination revealed haemoglobin of 12.4 gms%, T. L. C. 9200/cu.mm. with Polys 65%, Lympho 32% and Eosinophils 3% E.S.R. was 16 mm in the first hour. Serological test showed F.T.A. Abs-reactive, V.D.R.L. active at titre of 1 in 16 and Kahn Test positive.

Skin, V.D. & Leprosy Section,
M.L.B. Medical College,
Jhansi-284001

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Dark field microscopy of exudate from the lesion was negative for treponemes. Scrapings were stained with various stains but did not reveal A.F.B or any other pathogenic organisms. Screening Chest was negative for tuberculous lesion. Mantoux test showed 12 mm indurations. Histology of the skin lesion was compatible with secondary syphiloderm, showing papillomatosis, acanthosis and parakeratosis. There were thickened vessels with perivascular mononuclear cell infiltration. There was endothelial proliferation and perivascular cuffing of the blood vessels of the dermis (Fig. 1 Page No. 300).

Patient was put on Procaine Penicillin with 2% Aluminium mono-stearate (P.A.M.) 600,000 I. U. I. M. daily for two weeks. Bisoxyl 2 ml I. M. weekly for ten weeks was also started along with Penicillin therapy. No local treatment was given except vaseline dressing. By the end of the treatment period the warts completely disappeared and only faint scars were seen. STS became non-reactive with this therapy.

Discussion

In layman's language this condition is known as "Masse". The warty lesions of this patient fit in with the clinical entity termed as syphilide cornae which was described for the first time by a French worker and later by Hazen¹ who placed it under squamous syphilides. Stokes, Beerman and Ingrahm² observed the warts on palm and considered them as late syphilis of the palm whereas Saunders and Houghstorm³ considered them to be the late sign of early syphilis. Sutton⁴ and Hayman⁵ thought that these were due to secondary syphilis. These lesions are commonly seen on the palms and soles. Papular lesions in inter-

digital areas developing maceration and condylomatous changes have been also described⁶⁻⁷. Sowmini and Chellamuthiah⁸ were the first in India to describe warty lesions of secondary syphilis on skin surface other than palms and soles. Crusted and papillomatous lesions are seen in yaws but not warty lesions as in this case.

The clinical features of this case are suggestive of viral warts, cornu cutaneum or tuberculosis verrucosa cutis. However the history of recent syphilitic infection, the reactive sociological tests, histopathological changes and therapeutic response to antisyphilitic treatment, all favour the diagnosis of syphilis.

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