

Malignant syphilis



Figure 1: Multiple erythematous papules and plaques, some of them covered with a central necrotic eschar present on the trunk and bilaterally on the upper limbs



Figure 2: White rings of scales encircling a central erythematous crust (Bielt collarete)

A 29-year-old woman, a known case of HIV, presented with a three-week history of fever and mucocutaneous lesions. Cutaneous examination revealed generalized scattered erythematous papules, with a necrotic eschar [Figure 1] and peripheral Bielt collarete [Figure 2].

HIV viral load was 4.95 log and total CD4 lymphocyte count was 23 cells/mm³. Tests for syphilis showed a positive result for rapid plasma reagin test (titre of 1:16), *Treponema pallidum* hemagglutination assay and enzyme immunoassay test, consistent with the diagnosis of malignant syphilis. A single dose of intramuscular benzathine penicillin 2.4 million units was administered and the lesions resolved within a month with residual scars. A Jarisch-Herxheimer reaction occurred, which resolved with antipyretics. Our case fulfilled the Fisher's criteria except for the absence of high titre serologic test, due to prozone phenomenon.

Declaration of patient consent

The patient's consent is not required as the patient's identity is not disclosed or compromised.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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