

## Case of syphilis with alopecia and folliculitis as manifestations

Received: June, 2018  
Accepted: April, 2019  
Published: February 2021

DOI:  
10.4103/ijdv.IJDVL\_336\_18

PMID:  
31464198



**Figure 1a:** Diffuse red follicular pustules or papulopustules on the face

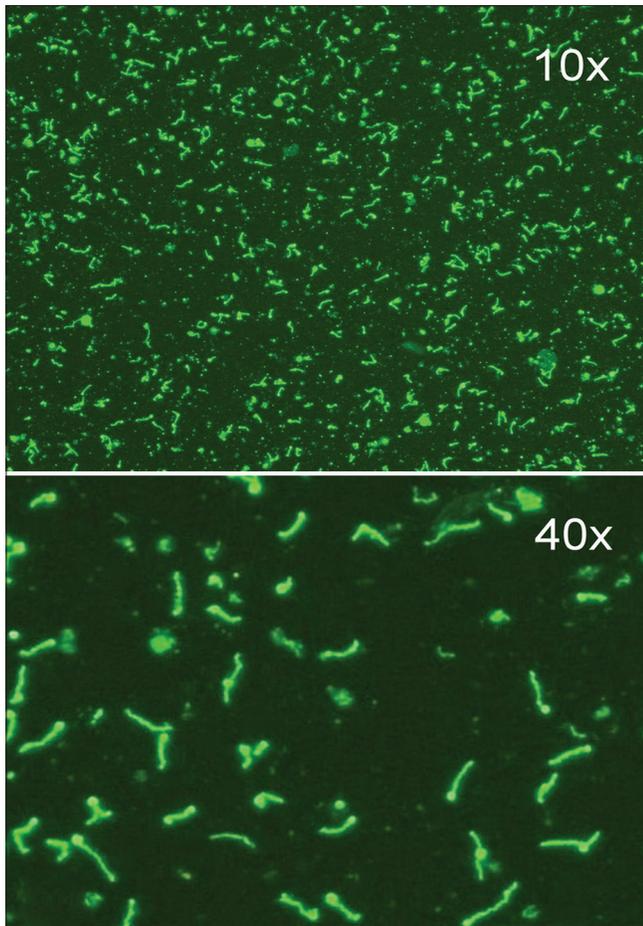


**Figure 1b:** Patches of irregular moth-eaten alopecia on the occipitotemporal scalp

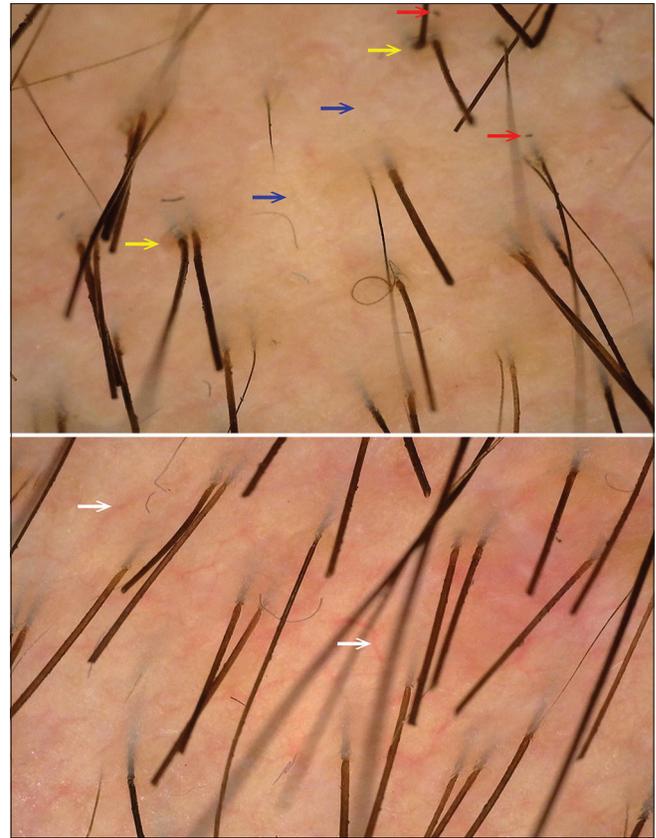
A 22-year-old homosexual man presented with increasing hair loss on the bitemporal scalp and scattered red follicular papules on his face over a period of 2 months. He claimed to have no previous history of genital ulcer or other skin lesions or application of medications/home remedies; however, dermatological examination revealed diffused red follicular papulopustules scattered on his face [Figure 1a]. The occipitotemporal scalp showed multiple irregular patches of nonscarring alopecia, with characteristic moth-eaten borders [Figure 1b]. Serological screening for syphilis further showed increased titers for rapid plasma reagin test (1:64), and *Treponema pallidum* hemagglutination assay and fluorescent treponemal antibody-absorption [Figure 2a] test were positive. serology for other sexually transmitted disorders were negative. Dermoscopy revealed black dots with diffuse telangiectasia in the alopecic patches, as well as brown rings around perifollicular areas [Figure 2b]. The patient denied

**How to cite this article:** Lin YY, Tseng YS, Zhu W. Case of syphilis with alopecia and folliculitis as manifestations. Indian J Dermatol Venereol Leprol 2021;87:125-6.

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**Figure 2a:** Fluorescent treponemal antibody-absorption test showed positive



**Figure 2b:** Dermatoscopy examination showed small patches of hair loss (blue arrow) with black dots (red arrow), brown rings around perifollicular areas (yellow arrow), and diffused telangiectasia (white arrow) (Dermoscopy-II, Dermat, China; polarized light mode,  $\times 200$ )

biopsy on request. Alopecia is a rare clinical manifestation of secondary syphilis; however, with folliculitis it has seldom been mentioned in the literature.

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

#### Financial support and sponsorship

Nil.

#### Conflicts of interest

There are no conflicts of interest.

**Yu-Ying Lin, Yun-Shan Tseng<sup>1</sup>, Wei Zhu**

Department of Dermatology, Xuanwu Hospital, Capital Medical University, Beijing, China, <sup>1</sup>Department of Nursing, I-Shou University, Kaohsiung, Taiwan

#### Corresponding author:

Dr. Wei Zhu,  
Department of Dermatology, Xuanwu Hospital,  
Capital Medical University, Beijing 100053, China.  
zhuwei@xwh.cmu.edu.cn