

Secondary syphilis presenting as multiple nodules in an HIV-infected patient

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Syphilis is a sexually transmitted disease caused by *Treponema pallidum*. Secondary syphilis typically manifests as a diffuse macular or papular eruption on the trunk and extremities. However, the cutaneous manifestations of secondary syphilis can vary widely, making the clinical diagnosis difficult. Herein, we report a case of nodular syphilis, which is a rare form of secondary syphilis. A 29-year-old male presented to our human immunodeficiency virus (HIV) clinic with one-month history of painless red nodular lesions on face and upper extremities. Two years ago, he had a history of secondary syphilis presenting as generalized maculopapular eruption with concomitant HIV infection. After the initiation of antiretroviral therapy, HIV RNA level was fully suppressed to <20 copies/mL with CD4 T cell count of 530 cells/ μ L. The skin lesion first appeared on his face and scalp, and it spread to trunk and extremities. On physical examination, he had erythematous nodules with hemorrhagic centers on face and upper extremities together with erythematous macules on trunk and lower extremities. A skin biopsy was performed at the nodular lesion of left forearm to exclude malignant skin neoplasms such as Kaposi sarcoma or lymphoma. Skin histopathology revealed a dense superficial and deep perivascular and periadnexal infiltrate composed of lymphocytes, neutrophils, and numerous plasma cells, extending to the subcutaneous layer. The epidermis showed marked hyperplasia, parakeratosis and neutrophilic exocytosis. The diagnosis of secondary syphilis was taken into consideration. VDRL titer of 1:64 and reactive FTA-ABS IgG were found. These findings were consistent with secondary syphilis. The patient was treated with weekly intramuscular injection of 2.4 million units of benzathine penicillin for three consecutive weeks. The nodular lesions regressed within 1 month and the follow-up VDRL titer decreased to 1:8 six months after the treatment. The clinical manifestations of secondary syphilis can vary widely. Since the delay in diagnosis and treatment can result in progression to late syphilis, it is important for clinicians to be aware of rare presentations of syphilis.

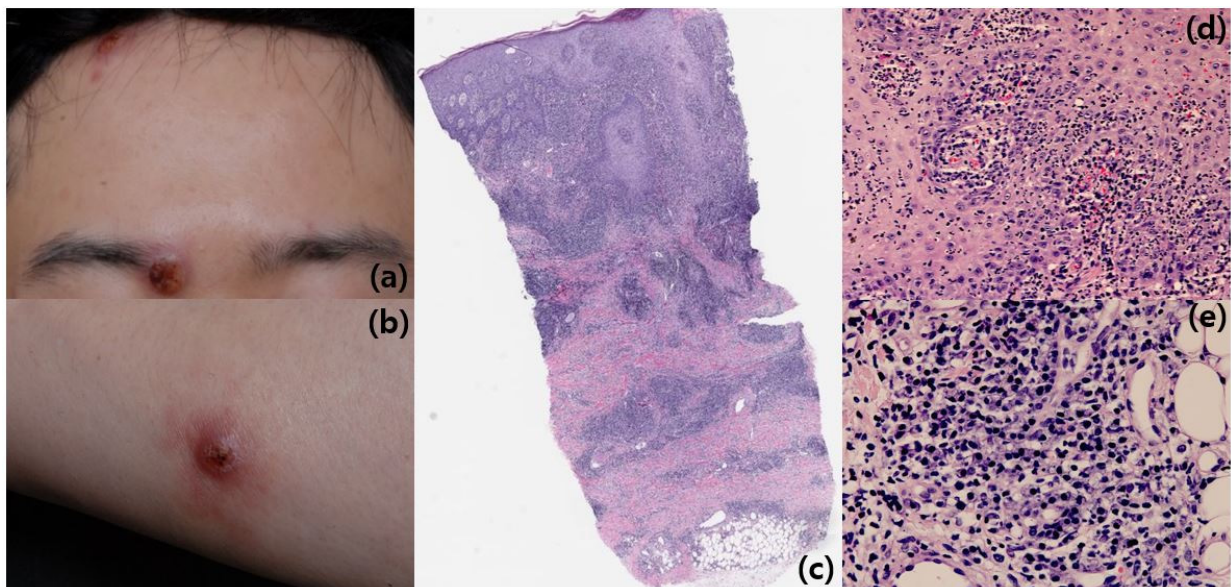


Figure 1. Clinical presentation of a patient with nodular syphilis. Erythematous nodules with hemorrhagic centers on (a) face and (b) upper extremity. Histopathological images of a punch biopsy from a nodular skin lesion at the left forearm. (c) On scanning magnification, there is marked epidermal hyperplasia and a dense superficial and deep inflammatory infiltrate extending to the subcutaneous fat layer (Hematoxylin and Eosin (H&E) Stain, original magnification). On higher power, (d) neutrophilic exocytosis is evident (H&E Stain, x 200) and (e) the infiltrate contains numerous plasma cells (H&E Stain, x 400).