



**ORIGINAL RESEARCH PAPER**

**Dermatology**

**A CASE REPORT OF ANNULAR PALMOPLANTAR SYPHILIS IN THIS POST COVID 19 ANTIBIOTIC ERA**

**KEY WORDS:** Syphilis; Palmoplantar Syphilis; Annular Syphilis; Post Covid 19; Syphilids

**Dr. Nikhat\***

MBBS, MD DVL, Associate professor, Department of Dermatology Venereology and Leprosy, Shadan Institute of Medical Sciences, Teaching hospital and Research centre<sup>1</sup> Peerancheru, Hyderabad, Telangana, India; \*Corresponding Author

**Dr. Huma Meher**

MBBS.DDVL, Consultant Dermatologist and Cosmetologist

**ABSTRACT**

Syphilis is an age old major sexually transmitted disease caused by treponema pallidum which can't be forgotten in the differential diagnosis even in this 21st century of wide antibiotics usage era specially in the post covid 19times. **Conclusion** Syphilis shows a good response to penicillin treatment and requires vigilance on the part of practitioners. We are reporting a High Index of suspicion arises with atypical clinical manifestations, Specific localized atypical, almost rare form of annular syphilis case in a world of widely antibiotic usage era mostly post covid 19. Henceforth all the healthcare providers should be consulted by public health professionals who are following up on a patient with a positive syphilis (or other Sexually Transmitted Infections) case. Dermatologists play an important role in the recognition and management of syphilis. Timely diagnosis, appropriate management as well as public health interventions are key in controlling syphilis infection and its spread. Finally, Annular secondary syphilis has a good response to penicillin treatment. **Aim** Early diagnosis of syphilis is vital as it is easily treated in its early stages with a single dose of benzathine penicillin. Timely and effective treatment of early syphilis is important to prevent onward transmission and progression to tertiary syphilis or the mucocutaneous lesions of secondary syphilis ("syphilids"). **Objectives** Syphilis cases should be reported by stage to the local or state health department as soon as possible **Background** Syphilis is an infection caused by Treponema pallidum, mainly transmitted by sexual contact [1]. Since 2001, primary and secondary syphilis rates started to rise, with an epidemic resurgence. Syphilis is global prevalence and incidence remain high in post COVID19. It is divided into primary syphilis, secondary syphilis, tertiary syphilis, and neurosyphilis. Its florid presentation renders the name "the great imitator" great mimicker "Lues" "THE GREAT POX" [2]

**INTRODUCTION**

The steady rise in the Incidence of syphilis cases Since 2000[1] in individuals who engage in at-risk behaviours. The cause of syphilis infection is by the spirochete bacteria Treponema pallidum subspecies pallidum. Although the coronavirus disease 2019 (COVID-19) pandemic disrupted public health efforts, reporting of syphilis, and interpretation of data collected in 2020 and 2021[2] preliminary data for 2023 show a continued increase in primary and secondary syphilis among adults [3].

**Case Report**

A 32 year Married Male patient residing at Hyderabad, Businessman by occupation have attended Dermatology [STD OPD CLINIC] with the History of Asymptomatic annular scaly coined shaped lesions on both the palms for 1 month and bullous plaques with few erosions with pain both on soles for 15 days after sexual extramarital exposure with the Female partner [h/o promiscuity present]. He gave history of genital sore 2 months back on shaft of penis which had subsided spontaneously within 2 days without any treatment. History of sexual exposure 4months ago with a known female partner in unsafe, unprotected penovaginal, orogenital and anal route. No other associated sexually transmitted diseases, urethral discharge, urinary tract infection, IV drug abuse, blood transfusion, comorbties as diabetes or Immunosuppression [HIV]. No history of trauma, constitutional symptoms, itching, abdominal pain, jaundice, systemic involvement. He is a. known case of chronic Alcoholic, and smoker for 10 years. On examination are bilateral presenting as multiple coined shaped 1 x 2cms scaly plaques Bierts collarette present on the palms and with few bullous and few eroded on soles are present. Bushke Oldendorf s sign is positive on soles Bilateral cervical and Axillary Lymphadenopathy were palpable, spherical in shape size of 0.5 x 0.5 cm diameter, soft in consistency, mobile non tender, firm with no abscess. Cutaneous proper examination was normal Oral, nasal and ocular mucous membranes were normal. Hair, Nail and Teeth were normal. Differentials for annular secondary syphilis, depending on anatomic site and clinical scenario, include

dermatophytosis [14][17][19], erythema annulare centrifugum [4][21], Annular lichen planus, Annular Psoriasis, subacute cutaneous lupus erythematosus, sarcoidosis, atypical mycobacterial infection [6] and granuloma annulare [5]. On routine investigation like CBP, HBSAG, HIV, HBCG were normal, Fungal scrapings were negative and VDRL was positive with specific TPHA showing 1:640 dilution. Patients was confirmed as a case of annular syphilis. He was Counseled and advised for ABCD [abstinence, be faithful to the partner, condoms and drugs]. He was treated with injection benzathine penicillin 2.4 million units deep intramuscular injection in a z technique in both the buttocks after a test dose weekly once for 3 weeks. Patients' good improvement and kept for follow up.

**Case Confirmation**

H/O Promiscuity, primary chancre, the palms and soles (symmetric papules and plaques with collarette of Biet) axillary and cervical lymph adenopathy, VDRL positivity TPHA [Treponema Pallidum Haemagglutination Test] specific for syphilis confirmation.

**DISCUSION**

According to CDC Case Definitions, CDC staging nomenclature was published in 2018, Classification guides management, including treatment decisions and partner notification systems. Primary syphilis is defined by the presence of one or more ulcerative non painful lesions (hard chancre) at the inoculation site days to weeks following exposure. Secondary syphilis is defined by polymorphic mucocutaneous lesions most often accompanied by generalized lymphadenopathy presenting concurrently or weeks following the primary chancre. Syphilis has been reported to occur through kissing, fondling, but a major route of Transmission of syphilis occurs exclusively during sexual intercourse, including Oro-genital contact [7]. chancre develops during primary syphilis commonly on the genitals [15] at the site of inoculation. Without treatment, the chancre disappears but the disease progresses to secondary syphilis with multiorgan involvement in four to nine weeks. Atypical

cutaneous manifestations of secondary syphilis [Syphilids] include [16] nodular, annular, pustular, framboesiform [19], lues Maligna and photo distributed, Verrucous [18] papulosquamous eruptions. Annular Syphilids have a generalized and symmetric distribution although localization to the palms and soles [8] or genitals is common it can also be found on face, anogenital and axilla [9]. Pruritus may or may not be present [10] Secondary Annular syphilis Nodular Erythematous lesions [11], Syphilis corneae [corn like lesions on soles] [12] and striking collar scales can affect the palms and feet soles [13]. Treponema pallidum hemagglutination test [TPHA] strong positivity suggested recently acquired untreated active secondary syphilis thus, the gold standard for diagnosis of Syphilis and penicillin G is treatment of the clinical protocol and therapeutic guidelines for sexually transmitted infections<sup>5</sup> recommend the use of benzathine benzylpenicillin 2.4 million international units (IU), intramuscularly (IM), in a single-dose (1.2 million in each gluteus)

**CONCLUSION**

Syphilis shows a good response to penicillin treatment and requires vigilance on the part of practitioners. We are reporting a High Index of suspicion arises with atypical clinical manifestations, Specific localized atypical, almost rare form of annular syphilis case in a world of widely antibiotic usage era mostly post covid19. Henceforth all, the healthcare providers should be consulted by public health professionals who are following up on a patient with a positive syphilis case. Dermatologists play an important role in the recognition and management of syphilis and also in Contact tracing. Timely diagnosis, appropriate management as well as public health interventions are key in controlling syphilis infection and its spread.



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