International Journal Dental and Medical Sciences Research
Volume 5, Issue 2, Mar - Apr 2023 pp 528-529 www.ijdmsrjournal.com ISSN: 2582-6018

Cactus Skin with Rosy Lips - Case Report

Aryakrishna A , Monet philipose , Benodavid , Suresh raghavan
Junior resident , junior resident , senior resident , HOD
Department of internal medicine , Govt. T.D medical college, Alappuzha , Kerala, India

Date of Submission: 20-03-2023 Date of Acceptance: 30-03-2023

ABSTRACT
Secondary syphilis is characterized by maculopapularrashes involving palms and soles and generalized lymphadenopathy . Suspect sexually transmitted disease in case of patient came with maulopapularrashes . Diagnosed mainly by serology . Treatment is pencillin . Better outcomes with treatment

INTRODUCTION

Syphilis , chronic systemic infectioncaused by treponemapallidum usuallySTD and characterised by active diseases interrupted by latency .IP is 2-6 weeks. After which primary lesions appears .Resolves without treatment . Secondary stage is characterized by mucocutaneous lesions and generalized lymphadenopathy also resolves spontaneously ,followed by a latent period of subclinical infection . Preantibioticera ,one third of untreated patient developed tertiary syphilis ,characterized by destructive mucocutaneous skeletal or parenchymal lesiosaortitis or late CNS manifestations

CASE REPORT

65 year old house wife admitted from emergency department with complaints extensive mucocutaneous rashes following intake of methotrexate . She is recently diagnosed with seropositive rheumatoid arthritis.on treatment with sulfadiazine , HCQ , methotreaxate for last 2 weeks . No significant past or family history .On examination vitals were stable . Pallor present . No lymphadenopathy .Hyperpigmentedmaculopapularrash mainly on palms and sole . Mucosal erosions on buccal mucosa lips and palate . Clinically diagnosed as drug reaction considered .investigations revealed pancytopenia .LFT ,RFT , URE were normal . ECG ,chestxray , echo , usg abdomen normal .VIT B12 , calcium ,phosphorus, uric acid , TFT , PTH sent and with in normal range . Peripheral smear showing anemia of chronic disease. Urine culture , blood culture ,widal , Dengue were negative .ANA profile sent and ANA-IF , PANCA ,CANCA negative. Viral marker – HIV HBSAG and ANTIHCV were negative .RA and ANTICCP was positive . Treated with leucovorin and filgrastin , patient count improving .

On subsequent days patient developed low grade fever with epitrochlearlymphadenopathyand aggravation of rashes . On detailed history gives history of rashes for 1 year for which patient not undergone any treatment .we have a done serological test for syphilis –postive VDRL , TPHA . We have done a CSF VDRL which came to negative

No history of blood transfusion. Finally came into diagnosis of secondary syphilis . Treated with crystalline penicillin 10 lakh IV Q6H for 10 days . Patient improving with treatment and discharged and adviced regular followup keeping the possibility of complications[1]

DISCUSSION

Classical manifestation of secondary syphilis include mucocutaneous lesions and generalized nontender lymphadenopathy. Skin rash may be macular ,papular ,papulosqamous occasionally pustularsyphilides. Initial lesion are pale red or pink, non pruritic discrete macules distributed on trunks and extremities . Macules progress in to papules and frequently involve palms and soles .Involvement of hair follicles leads to alopecia . papules are enlargedto produce broad pink or graywhite highly infectious condylomalata in warm, moist and intertriginous area . superficial mucosal erosions involving oral or anal mucosa in 10-15% patients.

Constitutional symptoms and signs may precedes secondary syphilis . Acute mengititisoccurs in 1-2% patients.in 30% cases Treponemapallidum isolated from CSF during primary or secondary syphilis.Ocular or otic manifestations may seen. Ocular manifestation includes pupillary abnormalities ,optic neuritis ,iritis , uveitis , interstitial keratitis . Otic syphilis SNHL ,vertigo ,tinnitus .

International Journal Dental and Medical Sciences Research
Volume 5, Issue 2, Mar - Apr 2023 pp 528-529 www.ijdmsrjournal.com ISSN: 2582-6018

Less complications includes hepatitis , nephropathy ,gastrointestinal involvement [hypertrophic gastritis ,patchy proctitis ,rectosimoid mass], arthritis , periostitis . Manifestations resolves spontaneously , with in 1-6 months .

Diagnosed mainly on serology. Two type of test – treponemal and lipoidal test .lipoidal tests are RPR and VDRL ,IgG and Igm directed cholestrol antigen complex. A reactive VDRL or RPR should conformed by treponemal tests .treponemal test –FTA-ABS test , TPPA test , more sensitive than lipoidal test. Reactive indicates current or past syphilis . All serological tests are positive in secondary syphilis .

Treatment of secondary syphilis is pencillin G benzathinesingle dose if csf is normal . Abnormal csf treat as neurosyphilis , aqueous penicillin g for 10-14 days . In case of pencillin allergy drug is doxycycline .

DISCUSSION

Syphilis is rare nowadays due to over use of antibiotics .Eventhough patient showed improvement with treatment reappearance of fever , tiredness , newrashes which is unlikely to explained by drug induced symptoms . In our patient pancytopenia may also due to secondary syphilis .Secondary syphilis characterized by maculopapular rash, generalized lymphadenopathy . Diagnosis of syphilis is serological . Drug of choice is pencillin . In case penicillin allergy alternative drug is doxycycline .