

IMAGING IN DERMATOLOGY

Condylomata Lata and Papular Rash of Secondary Syphilis

Condiloma lata y erupción papular de sífilis secundaria

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A 41-year-old-man presented with a 2-month history of painful perianal lesions and various maculo-papular lesions that occurred simultaneously on his lower limbs.

He reported generalized fatigue and previous unprotected homosexual intercourse.

Physical examination evidenced moist-to-macerated, flat-topped, tumor-like nodules around the anus, surrounded by erythematous-squamous annular patches and scattered papules (Fig. 1A).

On the legs and soles, coppery-shaded erythematous-squamous, nummular plaques and papules were noted, some of which with a collarette of scale (Fig. 1B).

The clinical presentation of these lesion was highly suggestive for condylomata lata (CL) and for secondary syphilis papular squamous rash.

Positive TPHA and VDRL confirmed the clinical suspect of secondary syphilis. The patient was treated with long-acting Benzathine G-penicillin (2.4 MU intramuscularly).

Secondary syphilis is polymorphic, causing initial maculo-papular rash, followed by persistent erythematous-papulo-squamous lesions, as on our patient's legs, soles and perineum.¹ Also, 6–23% present CL: vegetating, flat-topped, infectious lesions, painful when macerated by friction, which also perpetuates dissemination.



Figure 1

Dermatologists play a key role in identifying and treating syphilis. It is therefore of great importance to increase the clinicians' ability to diagnose syphilis precociously, to prevent complications, destructive consequences and disease transmission.²

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