

IMAGES IN CLINICAL MEDICINE

Papulonodular Syphilis



A 52-YEAR-OLD WOMAN PRESENTED WITH A 3-WEEK HISTORY OF ASYMPTOMATIC erythematous papules and nodules. The lesions initially appeared on the face and tongue (Panels A and B) and subsequently spread to the trunk and lower legs. The patient had no other systemic symptoms. Two weeks earlier, she had been treated with oral penicillin G for a sore throat but had stopped taking the antibiotic after a few days because of angioedema. A biopsy of a facial lesion revealed an inflammatory infiltrate with multiple mature plasma cells suggestive of secondary syphilis. The diagnosis was made on the basis of a titer of 1:160,000 (normal range, 0 to 640) on a *Treponema pallidum* particle agglutination assay, a value of 5770 U per milliliter (normal range, 0 to 24) on an enzyme-linked immunosorbent assay for *T. pallidum* IgG, and a positive assay for *T. pallidum* IgM. The differential diagnosis included leukemia cutis and cutaneous sarcoidosis. The patient received the diagnosis of papulonodular secondary syphilis with mucous plaques and most likely a syphilitic pharyngitis. Because of previous penicillin intolerance, the patient was treated with intravenous ceftriaxone (2 g daily) for 3 weeks. The rash cleared within 4 weeks after the initiation of treatment.

Birgit Ziegler, M.D.
Nina Booken, M.D.

University Hospital of Mannheim
Mannheim, Germany
birgit.ziegler@umm.de

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