Synchronous primary and secondary syphilis – An uncommon presentation

Sir,

Syphilis is a sexually transmitted disease caused by *Treponema pallidum*. After an incubation period of approximately 9–90 days the primary stage of the disease is characterized by chancre with associated lymphadenopathy. About 2–6 weeks later, the secondary stage of the disease manifests with the myriad of cutaneous manifestations ranging from macular, papular, papulosquamous, lichenoid, follicular lesions, and mucous patches to syphilitic moist papules involving the intertriginous area.

A 22-year-unmarried male with a history of unprotected intercourse 1 month back presented to our outpatient department with ulcers in the genitalia for 10 days and skin lesions involving the

scrotum and palms for 5 days. Examination revealed multiple discrete ulcers with an indurated base and serous discharge involving the coronal sulcus and mucosal aspect of the prepuce, [Figure 1] associated with bilateral nontender inguinal lymphadenopathy.

He also had multiple erythematous plaques with central lichenoid hue involving the

Figure 1: Multiple chancres involving the coronal sulcus and mucosal aspect of prepuce

Figure 2: Erythematous plaques with central lichenoid hue involving the scrotum

scrotum [Figure 2] and hyperpigmented macules involving the palms [Figure 3]. The VDRL test was reactive in 1:64 dilutions and TPHA was positive, culminating in a diagnosis of synchronous primary and secondary syphilis. His retroviral status was found to be negative. He was treated with a single dose of intramuscular injection benzathine penicillin 2.4 million units with the resolution of lesions.

Chancre signifies the local tissue reaction to the inoculation of treponemes and, in most cases, is associated with bilateral shotty nontender lymphadenopathy in cases of genital lesions. In nearly 40% of cases of primary syphilis, multiple chancres can occur.^[1,2] At times, multiple chancres may occur in contiguous surfaces due to self-inoculation (kissing chancres).^[3] The presence of multiple chancres, in this case, could be attributed to the above.

The primary lesion resolves in a period of 2–6 weeks, followed by the appearance of secondary lesions. However, there is no distinct timeline between the primary and secondary lesions. In 10%–40% of cases, chancres may persist after the appearance of secondary syphilis lesions.^[4] In the present case, the time interval was short between the two stages, with the appearance of secondary syphilis lesions within 5 days after the chancre. Synchronous presentation of primary and secondary syphilis is an uncommon presentation and could be attributed to the rapid dissemination of organisms into the bloodstream.^[5]

The present case is highlighted for the rare concomitant presence of multiple chancres along with skin lesions of secondary syphilis.

Figure 3: Hyperpigmented macules involving the palms

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed

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Conflicts of interest

There are no conflicts of interest.

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