



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

## **RUPIOID LESIONS IN MALIGNANT SYPHILIS WITH POSITIVE PROZONE PHENOMENON.**

*Carlos Rodriguez Flores<sup>(1)</sup>*

*Dermatology Service, Cayetano Heredia Hospital, Lima<sup>(1)</sup>*

**Background:** The concept of malignant syphilis, an uncommon form of Syphilis, was defined as such in 1859, receiving the name of malignant because it sought to describe the clinical grotesque characteristics of this variant, and not due to a clinical process of malignancy. It was concluded at the Third World Congress of Dermatology that this form of presentation corresponds to Secondary Syphilis and not to tertiary syphilis due to the number, configuration and clinical characteristics of the lesions, mainly polymorphic skin lesions with presence of nodules and characteristic rupioid crusts. This clinical presentation of Syphilis is up to 60 times more frequent in patients with HIV, also seen in malnourished patients, diabetics, tuberculosis, alcoholic patients and intravenous drug users.

**Observation:** We present the case of a 25-year-old male patient with a recent diagnosis of HIV, who presents with polymorphic skin lesions predominantly in the naso-facial region. In thorax and especially in proximal extremities, several erythematous papules with moluscoid appearance as well as ulcers of larger size. Special attention is given at ulcerated nodules with erythematous base, desquamating collarette and necrotic center many of which has rupioid appearance. In upper limbs, lesions of similar characteristics drawing attention to the almost absence of lesions in both palms. Skin biopsy revealed epidermal hyperplasia with a nodular and lichenoid infiltrate, composed of plasma cells, histiocytes and lymphocytes. Despite a negative result of an initial non-treponemal test, strong clinical and then histological suspicion were then solvented by a subsequent positive non-treponemal test with prozone phenomenon.

**Key message:** We present this uncommon case, given the very florid clinic presentation and semiological richness demonstrating the importance of the correct clinical suspicion of Dermatologist based on his physical evaluation and elementary skin lesions.

