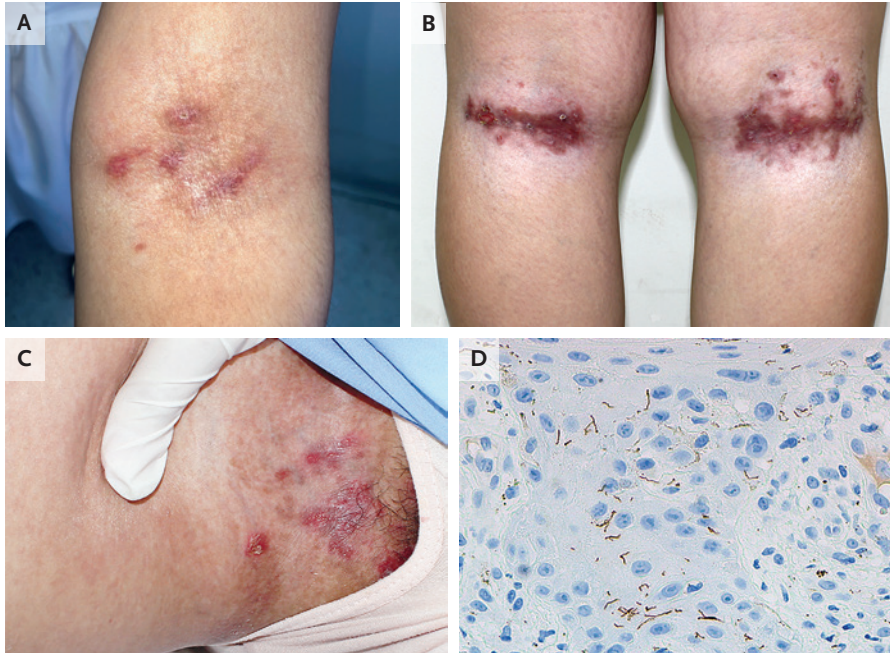


IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

Intertriginous Rash in Secondary Syphilis



A 25-YEAR-OLD WOMAN WITH SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) presented to the dermatology clinic with a 3-month history of a rash on her arms, legs, and groin. She had been having condomless sexual intercourse with one male partner during the year preceding presentation. During the 9 months before presentation, she had been taking hydroxychloroquine at a dose of 200 mg daily and prednisolone at a dose of 15 to 40 mg daily to control her SLE. Physical examination was notable for erosive, violaceous plaques in the antecubital fossae (Panel A, left arm), popliteal fossae (Panel B), and inguinal regions (Panel C, right groin). There were also scaly erythematous patches on both palms. A *Treponema pallidum* hemagglutination assay was positive, and the rapid plasma reagin (RPR) titer was 1:128. Immunohistochemical staining of a skin-biopsy sample of the right inguinal crease was positive for *T. pallidum* (Panel D). A diagnosis of secondary syphilis with an intertriginous rash was made. In patients with immunosuppression, the rash of secondary syphilis can be highly variable and atypical. Treatment with benzathine penicillin G and counseling on safe-sex practices were given. The rash had abated by 1 month after treatment, and the RPR titer had decreased to 1:16 by 6 months after treatment.

DOI: 10.1056/NEJMicm2406425

Copyright © 2024 Massachusetts Medical Society.

Jetanat Chantrapitak, M.D.
Mati Chuamanochan, M.D.Chiang Mai University
Chiang Mai, Thailand
mاتي.c@cmu.ac.th