are less common sites. Syphilitic chancres of the nipple are rare. A 36-year-old man presented with a one-month history of erosive changes of the left nipple. The lesion consisted of a 1.5 X 1.5 cm sized erythematous crusted erosive patch with several pustules of the left nipple. The histological examination showed dense perivascular, interstitial inflammatory cell infiltration with a slightly nodular pattern in the dermis. It is composed of abundant lymphocytes, histiocytes and plasma cells. And it typically presents with a prominent vascular endothelial cell swelling and proliferation. The titer of VDRL test was 1:32. The FTA-ABS IgM was positive, as was the TPHA at a dilution of 1:80. We diagnosed this case as an extragenital syphilitic chancre. The patient was treated with intramuscular penicillin G benzathine, 2.4 million units weekly. Given the unusual location of the extragenital chancre without lymphadenopathy, the condition can be easily misdiagnosed. And the understanding of this unique clinicopathological manifestation can help avoid misdiagnosis of extragenital syphilitic chancre. So, we report a case of a solitary extragenital syphilitic chancre on the nipple.

키워드: Extragenital chancre, Nipple, Syphilis

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Secondary syphilis presenting as large annular erythematous patch

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Secondary syphilis, which typically begins 4-10 weeks after initial exposure to Treponema pallidum, manifests with prominent mucocutaneous findings. The dermatologic findings of secondary syphilis are macular, maculopapular, follicular, papulosquamous, or pustular. A 43-year-old man visited our clinic with 2 weeks history of multiple erythematous macules and large annular patches on left side of chest and both palm. He had liver and kidney transplantation due to liver cirrhosis and end stage renal disease at 5 years ago and has been taken prednisolone and mycophenolate mofetil. However, he had no herpes simplex infection before the skin lesions occurred. The patients acknowledged recent sexual contact with a prostitute about 2 months prior to the onset of the lesion. In serology test, venereal disease research laboratory (VDRL) test was positive with a titer of 1:128, treponema pallidum hemagglutination assay (TPHA) was positive and fluorescent treponemal antibody absorption (FTA-ABS) was reactive with 2+. The skin biopsy specimen taken from a palm was consistent with syphilis. However, the specimen from chest was showed the features of erythema multiforme (EM). Immunohistochemical study with an antispirochete antibody showed many spirochetes in the epidermis. Herein, we report a case of syphilis presenting as large annular erythema patch.

키워드: syphilis, erythema multiforme, Treponema pallidum

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Secondary syphilis with verrucous nodules on scalp

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Cutaneous manifestations of secondary syphilis vary widely. Alopecia is one of the clinical manifestations of secondary syphilis. The frequency of alopecia syphilitica reported in the literature is variable, ranging from 5% to 48%, but nodular lesions on scalp are an uncommon presentation. A 33-year-old man presented with a 3-month history of multiple erythematous annular scaly patches on the palms and soles and multiple flesh colored ulcerative papules with crust on the scrotum and multiple erythematous verrucous nodules on the scalp. Serologic tests for syphilis was positive, particularly the VDRL (1 : 16), confirmed by TPHA. The skin biopsy was performed on the sole and scalp. Histopathological examination showed a predominant infiltration of plasma cells in the dermis. The patient was treated with three doses of 2.4 million units of benzathine penicillin each at 1-week interval, leading to resolution of skin lesions. We report an unusual case of secondary syphilis that presented with multiple nodular syphilid on the scalp and multiple skin lesions on the palms, soles and scrotum.

키워드: secondary syphilis, nodular syphilid, scalp