Palmar Psoriasis or Missed Syphilis?

Psoríase Palmar ou Sífilis Disfarçada?

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Palavras-chave: Psoríase/diagnóstico; Sífilis/diagnóstico

To the Editor,

Syphilis is a systemic sexually transmitted infection caused by *Treponema pallidum*. The incidence of syphilis in European countries has shown an overall increase since 2000.[1] Moreover, noticeable increases in syphilis among heterosexual men and women have been reported in 2022.[2]

Syphilis is a chronic infection that evolves through several stages. Its clinical manifestations are diverse and often wrongly attributed to other diseases, so this disease is known as 'the great imitator'. Primary infection usually causes a painless ulcer or chancre that heals within weeks and may be undetected by the patient. Hematogenous dissemination of *T. pallidum* up to six months after initial infection causes secondary syphilis. Secondary syphilis manifestation can include skin rash and varied systemic features.[1] If left untreated, besides transmission, secondary syphilis potentially develops into complications and permanent sequelae known as tertiary syphilis.

A 64-year-old heterosexual man with no significant medical history presented with non-pruritic palmoplantar lesions evolving for two months, which did not improve after topical therapy with calcipotriol and betamethasone dipropionate.

Well-defined hyperkeratotic plaques and erythematous macules and papules limited to the palms and soles were observed (Fig. 1). No other mucocutaneous lesions were noticed, except for hypertrophic pink plaques with a smooth and moist surface in the perianal region suggestive of *condyloma lata*.

Molecular test for *T. pallidum* DNA detection from the perianal lesion exudate was positive. Treponema pallidum hemagglutination assay (TPHA) was reactive, with a Venereal Disease Research Laboratory (VDRL) titer of 1:128.

The patient was treated with a single intramuscular dose of benzathine penicillin (2 400 000 U).

After therapy, there was rapid resolution of the palmoplantar lesions (Fig. 2) and the *condyloma lata*. The VDRL titer decreased to 1:32 dilutions two months after treatment.

The multiple manifestations of secondary syphilis can lead to misdiagnosis and late diagnosis. Even though dermatological manifestations of secondary syphilis may be non-specific and may present to non-dermatologists, one important distinguishing feature is the involvement of the palms and soles. Few cases of hyperkeratotic palmar and plantar lesions have been described as a presentation of secondary syphilis, classically known as *clavi syphilitici*.[3,4] This clinical presentation may be mispresented as viral warts, calluses, or palmoplantar psoriasis.

Current guidelines on syphilis management support the key role of benzathine penicillin treatment for all forms of syphilis.[5]

This case reinforces the relevance and the importance of considering syphilis as a diagnostic hypothesis in atypical dermatoses or those not responding to conventional therapy.

AUTHOR CONTRIBUTIONS

PRM: Literature search, data acquisition, writing of the manuscript.
BG: Writing of the manuscript.
CL: Critical review of the manuscript.
All authors approved the final version to be published.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

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REFERENCES

1. Spiteri G, Unemo M, Mårdh O, Amato-Gauci AJ. The resurgence of syphilis in high-income countries in the 2000s: a focus on Europe. Epidemiol Infect. 2019;147:e143.
2. European Centre for Disease Prevention and Control. Syphilis. In: ECDC. Annual Epidemiological Report for 2022. Stockholm: ECDC; 2024.
3. Moreira C, Pedrosa AF, Lisboa C, Azevedo F. Clavi syphilitici--an unusual presentation of syphilis. J Am Acad Dermatol. 2014;70:e131-2.
4. Shinkuma S, Abe R, Nishimura M, Natsuga K, Fujita Y, Nomura T, et al. Secondary syphilis mimicking warts in an HIV-positive patient. Sex Transm Infect. 2009;85:484.
5. Janier M, Unemo M, Dupin N, Tiplica GS, Potočnik M, Patel R. 2020 European guideline on the management of syphilis. J Eur Acad Dermatol Venereol. 2021;35:574-88.

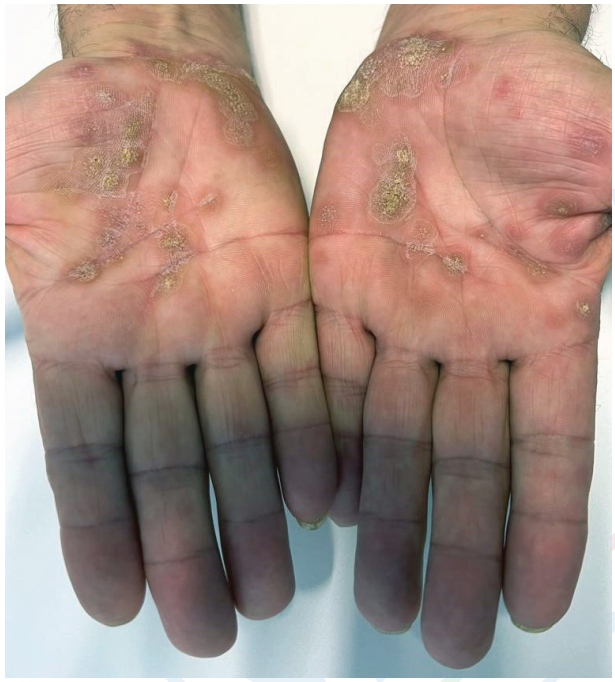

Figure 1 – Hyperkeratotic plaques and erythematous papules and macules on the palms

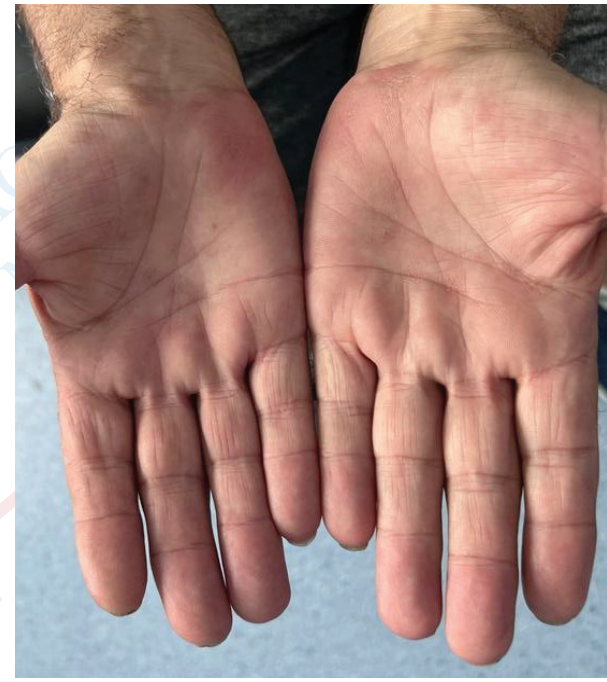

Figure 2 – Resolution of the palmar lesions two months after therapy with intramuscular benzathine penicillin

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