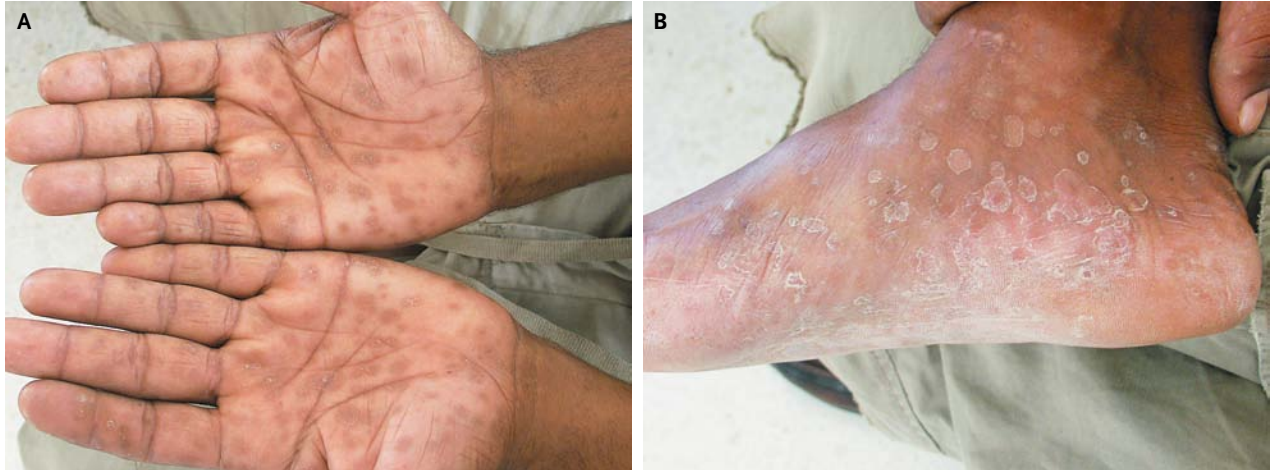


IMAGES IN CLINICAL MEDICINE

Rash Associated with Secondary Syphilis



A PREVIOUSLY HEALTHY 25-YEAR-OLD MAN PRESENTED WITH A 2-WEEK history of multiple nonpruritic, well-circumscribed, scale-covered, erythematous plaques on his palms and soles (Panels A and B, respectively). He was otherwise asymptomatic, and a physical examination was unremarkable. He specifically reported not having a history of genital ulceration but did report having unprotected sexual intercourse with multiple female partners. A Venereal Disease Research Laboratory test was positive at a titer of 1:64, and a microhemagglutination assay for antibodies against *Treponema pallidum* (MHA-TP) was reactive, confirming a diagnosis of secondary syphilis. Tests for chlamydia, gonorrhea, and human immunodeficiency virus were all negative. The patient was treated with a single intramuscular dose of 2.4 million units of penicillin G benzathine, resulting in the resolution of his rash.

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