

Visual Treats in Dermatology

## Palms and soles provide a window into STDs

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A 22-year-old woman presented with multiple, asymptomatic, well-defined, pigmented macules on the palms and multiple, asymptomatic, discrete to coalescing, annular, lichenoid plaques on the soles [Figure 1] for 2 weeks. She had no history of genital ulcers or high-risk behavior. Due to the characteristic presentation, we screened her for venereal disease research laboratory test (positive, 1:64) and treponema pallidum hemagglutination (positive). We made a final diagnosis of secondary syphilis. The primary chancre may go undetected in a few patients, delaying their presentation to the venereologist. While dermatological manifestations of secondary syphilis are often non-specific, physicians should identify the hallmark features of secondary syphilis on the palms and soles. Patients with secondary syphilis require treatment with intramuscular benzathine penicillin of 2.4 million units. If untreated, such patients might progress to tertiary syphilis.<sup>[1]</sup>



**Figure 1:** Multiple, asymptomatic, well-defined, pigmented macules on the palms and multiple, asymptomatic, discrete to coalescing, annular, lichenoid plaques on the soles.

#### **Declaration of patients consent**

Patient consent is not required as the patient's identity is not disclosed or compromised.

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Nil.

#### **Conflicts of interest**

There are no conflicts of interest.

#### **REFERENCE**

1. Hughes Y. Do not miss secondary syphilis: Examine the palms and soles. *BMJ Case Rep* 2020;13:e237725.

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