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Letter to the Editor

Simultaneous primary and secondary syphilis

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A 24-year-old unmarried man came to OPD to get himself screened 10 days after he had an unprotected sexual exposure with a known female contact. He had a history of sexual contact with multiple female partners in the previous 2 months. He revealed that he had developed two ulcers in the glans penis 3 days back. Examination revealed two button-like, indurated, nontender ulcers in the glans penis [Figure 1]. Examination also revealed hyperpigmented scaly macules on bilateral palms and soles, which were non-pruritic [Figures 2 and 3]. His venereal disease research laboratory (VDRL) test titer was reactive and high (1:64). Serological tests for human immunodeficiency virus and hepatitis B and C viruses were negative. A diagnosis of primary syphilis (chancre) and secondary syphilis (palmoplantar papulosquamous syphilid) was made. The patient was administered a single intramuscular injection of 2.4 million units of Benzathine penicillin. His mucosal and skin lesions cleared in 3 weeks. Despite counseling, he did not come back for repeat VDRL and HIV testing.

Simultaneous occurrence of primary and secondary syphilis is rare and is known to occur in the setting of human immunodeficiency virus infection.^[1] It has been reported that at least one-fourth of HIV-infected persons can present with concomitant lesions of both primary and secondary syphilis at the time of diagnosis. [2] It has been postulated that this occurs because chancre can persist into the secondary stage in HIV,^[3] or due to rapid progression of the disease.



Figure 1: Indurated ulcers on glans penis.

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Figure 2: Papulosquamous lesions on the sole.

Our patient tested negative for HIV; it is possible, however, that he was in the window period. Simultaneous occurrence of primary and secondary syphilis has been reported outside the setting of HIV too, albeit rarely.^[4] This could also be the case here or it could be a case of secondary infection as he had multiple unprotected sexual contacts. A more rapid dissemination into the bloodstream has been proposed as a probable cause. [5] Irrespective of the cause, simultaneous presentation of typical lesions of primary and secondary syphilis in the same patient is very unusual and hence, we report this patient.

Declaration of patient consent

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

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Figure 3: Papulosquamous lesions on the sole.

Conflicts of interest

There are no conflicts of interest.

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