

### CASE 34-2

A 30-year-old female presents with a 3-week history of an asymptomatic rash on her trunk, palms, and soles. She has a history of intermittent genital herpes simplex and had genital “sores” 1 month ago. One of her boyfriends had a history of a sore on his penis.



**What is the one mostly likely diagnosis?**

- (A) Herpes zoster
- (B) Transient acantholytic dermatosis
- (C) Pityriasis rosea
- (D) Folliculitis
- (E) Secondary syphilis

The correct answer is (E), secondary syphilis.

In this case, the patient describes a history of recurrent herpes simplex infection involving the genitals. She reports an outbreak of genital “sores” 1 month prior to presentation. The etiology of these genital lesions is unclear and may represent an outbreak of recurrent herpes simplex viral infection or syphilitic lesions.

Although unrelated, herpes simplex and syphilis may be present in the same patient. In fact, patients with syphilis often have other sexually transmitted diseases and should be evaluated and treated for these diseases and counseled on safe sex practices. Four to ten weeks after onset of a primary syphilis infection, the patient may develop systemic symptoms, such as fever, malaise, sore throat, generalized lymphadenopathy, myalgia, and headache. Within a few days, a pink, violaceous or red-brown macular, papular or more typically a papulosquamous eruption appears on the face, trunk, and extremities; often including the palms and soles. The eruption may become follicular, pustular, annular, nodular or plaque-like and may be pruritic. A patchy, “moth-eaten” and/or diffuse alopecia may develop. Superficial erosions (mucous patches) are seen in the mouth, throat, and genitalia. Wart-like moist papules (condylomata lata) may appear in the anogenital area.

Herpes zoster typically presents with a vesicular eruption in a dermatomal distribution on the trunk. The patient may complain of associated pain, paresthesias, or pruritus.

Transient acantholytic dermatosis, or Grover disease, classically presents with discrete, scattered, and/or confluent red hyperkeratotic scaly papules sometimes with crust, erosion on the central trunk and proximal extremities.

Pityriasis rosea is an important diagnosis to entertain in the differential for secondary syphilis. Pityriasis rosea generally presents with oval, scaly papules or plaques with a collarette scale. Lesions are located on the trunk in a parallel sloping arrangement similar to a “Christmas tree”. A larger herald lesion is usually present. The palms and soles are not involved.

Secondary syphilis may present as a follicular-based eruption located diffusely on the trunk. There are many etiologies of folliculitis and it may be difficult to distinguish secondary syphilis from other causes of a follicular-based eruption on the trunk. Folliculitis typically does not involve the palms and soles. Additional laboratory tests may be needed to elucidate the etiology of a follicular eruption.