

You are too brash if you ignore the rash

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DESCRIPTION

A 42-year-old homosexual man with HIV AIDS presented with headache, neck pain and a new bilateral palmoplantar rash for 2 weeks. On examination, he had a temperature of 39.6°C and neck stiffness was noted. Maculopapular rash with some scaling was present on bilateral distal extremities, especially in the palmar (figure 1) and plantar surfaces (figure 2). Genital lesions were absent. A complete blood count was unremarkable. CD4 cell count was 287/μL. An MRI of the brain was unremarkable. Cerebrospinal fluid (CSF) analysis showed white cell count of 141/mm³ with lymphocytic predominance, protein 230 mg/dL and glucose 14 mg/dL. Gram-stain, acid-fast stain, India ink stain, cryptococcal antigen, PCR for herpes simplex and toxoplasma antibody tests in CSF were all negative. Given the palmoplantar rash and the CSF fluid findings, serological tests for syphilis were also ordered. Serum rapid plasma reagin was reactive at titre 1:1024 and fluorescent treponemal antibody-absorption (FTA-ABS) was positive. Venereal disease research laboratory (VDRL) in CSF was reactive (1:32). The patient was started on a 2-week course of intravenous penicillin and had rapid symptomatic improvement.

Neurosyphilis may present with widely variable presentations in different stages of syphilis and can be missed if non-neurological symptoms or signs of syphilis, 'the great impostor', are not recognised. It is important to recognise that meningitis can appear in early secondary syphilis, as it did in our case, as the earliest presentation of neurosyphilis.¹



Figure 1 Non-pruritic maculopapular palmar rash in a patient with syphilitic meningitis.



Figure 2 Non-pruritic maculopapular plantar rash in a patient presenting with syphilitic meningitis.

Diagnosis is confirmed with demonstration of VDRL or FTA-ABS titre in CSF.

Learning points

- ▶ It is important to recognise that meningitis can appear in early secondary syphilis, as it did in our case, as the earliest presentation of neurosyphilis.
- ▶ A high index of suspicion as well as correlation with non-neurological symptoms or signs such as palmoplantar rash or epitrochlear lymph node enlargement which can be highly suggestive of syphilis would facilitate early diagnosis and treatment.
- ▶ Diagnosis can be confirmed with demonstration of venereal disease research laboratory or fluorescent treponemal antibody-absorption titre in cerebrospinal fluid.

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Competing interests None.

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- 1 Lichten GD, Pomeranz JR, Chester CS, *et al*. Secondary syphilis with acute meningitis and quadriplegia. *J Am Acad Dermatol* 1980;2:388–92.

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