

Skin rash: a manifestation of early congenital syphilis

Sara Tavares Ferreira,¹ Cátia Correia,¹ Monica Marçal,² Madalena Lopo Tuna²

¹Pediatrics Department, Centro Hospitalar de Lisboa Ocidental, Lisboa, Portugal
²Neonatal Intensive Care Unit, Centro Hospitalar de Lisboa Ocidental, Lisbon, Portugal

Correspondence to

Dr Sara Tavares Ferreira,
 saraferreira25@gmail.com

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DESCRIPTION

A 34-week-old gestational baby boy, weighing 2104 g, was born with multiple organ dysfunction and a skin rash. During pregnancy, the mother had a reactive venereal disease research laboratory (VDRL) test (1:16) that didn't receive any treatment.

After birth, a target erythematous maculopapular rash on the child's hands and soles (figures 1A, B and 2) was evident. He also had hepatosplenomegaly, pneumonitis, anaemia (haemoglobin 11.3 g/dL), thrombocytopenia (29 000/ μ L), C reactive protein 28 mg/dL and liver dysfunction (aspartate aminotransferase 207 U/L, direct bilirubin 3 mg/dL and albumin 1.6 g/dL). The newborn VDRL was reactive (1:32) and fluorescent treponemal antibody absorption (FTA-abs) IgM test was positive. Cerebrospinal fluid VDRL was non-reactive and



Figure 2 Erythematous rash prominent on patient's palmar surface of hands.

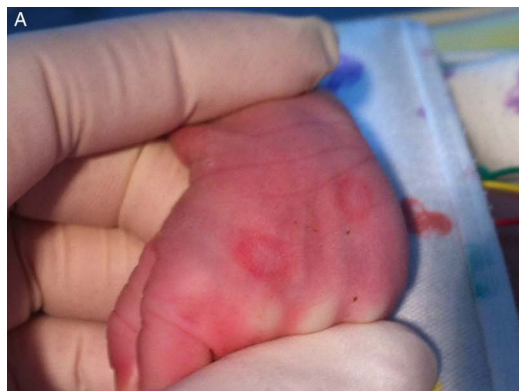


Figure 1 Target macules with erythematous halo on patient's hands (A) and soles (B).

cerebral ultrasound, hearing test, eye examination and long-bone radiographs were normal. The child was treated with intravenous aqueous crystalline penicillin G for 14 days, with favourable outcome (reduction in seroreactivity to 1:16 after 1 month and seronegativity after 1-year follow-up).

Congenital syphilis (CS) occurs when *Treponema pallidum* crosses the placenta or during birth by contact with an infectious lesion. Mucocutaneous involvement is present in about 70% of infants with early CS and it is classically a vesiculobullous or maculopapular rash occurring on the palms and soles.^{1 2} Our patient had a target erythematous maculopapular rash with typical involvement of the hands and soles. Other signs also include premature delivery, low birth weight, hepatosplenomegaly, pneumonitis, anaemia, thrombocytopenia and liver dysfunction, as in our case.² Definitive diagnosis of CS can be made based on detection of FTA-abs IgM and a reactive non-treponemal test.³ The continuing prevalence of this disease reflects the failure of preventive public health interventions.

Learning points

- ▶ Congenital syphilis remains a worldwide public health problem.
- ▶ All pregnant women should be screened for syphilis. Failure to detect or adequately treat maternal disease often results in congenital syphilis.
- ▶ Congenital syphilis is a preventable and treatable disease if physicians are aware of its diverse clinical signs. Clinical suspicion and a detailed maternal history provide important clues for the diagnosis of congenital syphilis.



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