Case 32
Male 30. Very unwell and presented with dramatic widespread noduloulcerative skin lesions following a business trip

The best diagnosis is:

A. Sarcoidosis
B. Pityriasis lichenoides acuta
C. Secondary syphilis- lues maligna
D. Lupus vulgaris
E. Mycobacterium marinum infection
He had a significant past medical history

Past Medical History:
- Pityriasis Lichenoides chronica as a child
- HIV positive, diagnosed 7 months earlier
- CD4 240 cells/mm3

Medication:
- Atripla (efavirenz/emtricitabine/tenofovir)
Examination revealed plaques with necrotic centres and thick overlying eschars.

Differential diagnosis included Infection and malignancy.

**Infection**
- Viral: CMV, EBV, HSV, VZV
- Bacterial: TB, atypical mycobacterium, Gonoccaemia, Syphilis

**Malignancy**
- Malignant Transformation of Pityriasis Lichenoides chronica
Investigations

Baseline Bloods
- Hb 10.8, MCV 98
- ALT 130, ALP 418, Bili 5
- WCC 9.8

Microbiology
- Negative Blood cultures, Wound cultures
- Negative Acid fast, Mycobacterium, Fungal

Virology
- Negative HSV/VZV/HHV8 DNA
- HAV/HBV/HCV negative

HIV serology
- CD4 390 CD4 240 cells/mm³
Syphillis testing showed active disease

Syphillis serology

- IgG/IgM EIA positive
- TPPA positive
- RPR titre 1:64

Lues maligna
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C. **Secondary syphilis- lues maligna**  
D. Lupus vulgaris  
E. Mycobacterium marinum infection
Lues maligna is a variant of secondary syphilis.
Diagnostic criteria for lues maligna

• Strongly positive syphilis serology
• Characteristic histological features
• Rapid response to antibiotic therapy
• Severe Jarish Herxheimer reaction
Diagnostic variations in lues maligna and HIV infection have been reported

- High RPR titres that do not improve with treatment
- Negative RPR titre (Prozone phenomena)
Benzathine Penicillin G at 2.4 million U intramuscularly once a week for 3 weeks (3 doses)
In Summary

• Lues maligna is a rare noduloulcerative from of secondary syphillis
• More common in HIV infected patients
• Progresses rapidly to neurosyphillis and death if untreated
• Responds rapidly to treatment with penicillin