





## Exuberant cutaneous manifestation of secondary syphilis in a patient with human immunodeficiency virus infection

### *Sífilis secundária exuberante em paciente infectado pelo vírus da imunodeficiência humana*

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A 40-year-old man, diagnosed with human immunodeficiency virus (HIV) infection reported lesions on his face for 6 months, without other symptoms. The patient was under antiretroviral therapy (HAART), with an undetectable viral load and CD4 T lymphocytes of 348 cel/mm<sup>3</sup>. On physical examination, infiltrated violaceous plaques were observed on the face, distributed mainly on the forehead and temporal regions. Perioral lesions had an annular and circinate configuration, with scaly edges. Erythematous-scaly plaques were observed on the trunk and legs (Figs. 1 and 2). Laboratory screening revealed a positive venereal disease research laboratory (VDRL) (1:512) and numerous plasma cells were observed in skin biopsy, confirming the diagnosis of secondary syphilis. Treatment was performed with 3 weekly doses of benzathine penicillin, with total resolution of the lesions, no scarring sequelae on the skin and improvement in laboratory tests. Treponemal tests were not performed due to difficulties



**Figure 1.** Infiltrated and confluent erythematous-violaceous plaques on the face, mainly affecting the forehead and temporal and perioral regions.

in patient adherence. Nevertheless, characteristics of skin biopsy and the response to therapy were considered sufficient to confirm the diagnosis.

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**Figure 2.** Infiltrated erythematous-violaceous plaque, with slight scaling in temporal region.

### Long description

Syphilis and HIV are public health problems of global scope and a unique synergy between the two diseases has been described<sup>1</sup>. Infection by *Treponema pallidum* can increase the viral load and decrease the number of CD4+ T lymphocytes. Syphilis progression usually occurs in a predictable manner in immunocompetent patients; however, in the case of patients co-infected with HIV, prolonged and severe cutaneous manifestations, as well as atypical forms, are described<sup>2,3</sup>. This case highlights the importance of suspecting atypical forms of syphilis in HIV-infected patients, even with well-controlled disease and good adherence to HAART.

### Funding

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### Conflicts of interest

None.

### Ethical considerations

**Protection of humans and animals.** The authors declare that the procedures followed complied with the ethical standards of the responsible human experimentation committee and adhered to the World Medical Association and the Declaration of Helsinki. The procedures were approved by the institutional Ethics Committee.

**Confidentiality, informed consent, and ethical approval.** The authors have followed their institution's confidentiality protocols, obtained informed consent from patients, and received approval from the Ethics Committee. The SAGER guidelines were followed according to the nature of the study.

**Declaration on the use of artificial intelligence.** The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

### References

1. Simões LA, Mendes JC, Silveira MR, Costa A da, Lula MD, Ceccato M das G. Factors associated with HIV/syphilis co-infection initiating of anti-retroviral therapy. *Rev Saude Publica.* 2022;56:59.
2. Ivars Lleó M, Clavo Escribano P, Menéndez Prieto B. Atypical cutaneous manifestations in syphilis. *Actas Dermosifiliogr.* 2016 May;107(4):275–83.
3. Khan M, Kaur T, Phan T, Yassin M. Secondary syphilis as an initial presentation of HIV. *Proc Bayl Univ Med Cent.* 2022;35(1):66–7.