

## ANNULAR SYPHILIDS IN HIV

Dr Anwita Sinha<sup>1</sup>, Dr Preema Sinha<sup>2</sup><sup>1</sup>Dermatology, Senior Resident, Military Hospital Kirkee, Pune<sup>2</sup>Dermatology, Associate Professor, Armed Forces Medical College, Pune**Corresponding Author:**

Dr Anwita Sinha

Email: anwita.afmc@gmail.com

27 year old transgender presented with multiple gradually progressive skin coloured to erythematous ring like lesions over face and neck associated with itching of 3 months duration (Figure 1,2). Patient was initially managed as a case of superficial fungal infection with no relief. There was history of high risk sexual behaviour with multiple partners, however patient denied history of any genital ulcer preceding the onset of these lesions. Dermatological examination revealed multiple polysized discrete annular plaques with a peripheral hypopigmented elevated margin. Further investigations revealed a positive ELISA for HIV with a CD4 count of 196 and VDRL positivity in a titre of 1:128 with a positive TPHA. Based on history, clinical and serological findings patient was diagnosed as a case of secondary syphilis and treated with intramuscular benzathine penicillin G at a dose of 2.4 million units stat and was simultaneously started on antiretroviral therapy. The typical skin lesions of secondary syphilis are generalized, papulosquamous eruptions with a coppery hue involving the trunk and extremities, including palms and soles. Atypical morphology of skin lesions include annular, pustular, nodular, nodular-ulcerative, berry-like, corymbiform, luesmaligna, leukoderma,

and chancriform presentations. Annular secondary syphilis is a less common type of secondary syphilis, the prevalence of which is approximately 5.7%–13.6%. It often occurs in children and dark-skinned people mainly located over face but can occur over the penis and legs in rare cases. Annular secondary syphilis generally has a good response to penicillin treatment. In the present case, the skin lesions subsided completely within two months and there was no recurrence after six months of follow up with decline of VDRL titres to 1:8.

**Reference**

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**Figure 1,2 :** Clinical appearance of the lesion