

EP22.09

Chronic facial skin lesions

Alexandru Claudiu Coman(1), EB Zapata Ledo(2), A Delgado Garcia(2), J Flores Torrecillas(1), RM Requena Ferrer(1), E Esteban Redondo(3), P Gea Fernandez(1)

(1) Family Doctor, Cartagena Casco Antiguo Health Center, Cartagena, Spain

(2) Resident Family Medicine, Cartagena Casco Antiguo Health Center Cartagena, Spain

(3) Work medicine doctor, Santa Lucia Hospital, Cartagena, Spain

Corresponding author: Mr Alexandru Claudiu Coman, Servicio Murciano De Salud, Family Medicine, Cartagena, Spain. E-mail: copanboy@yahoo.com

Background & Aim: An 80 year-old man consults his general practitioner for ulcerated facial and cranial lesions that occur for more than 20 years. In the last months the lesions had grown and didn't improved with local ointments. Medical history: homosexual orientation, with a stable relationship in the last 35 years, iron deficiency anemia, which required blood transfusions in two different occasions, colonic polyps. Clinical examination: Ulcerated lesion that affects the left frontal and temporal areas. Also affects the left periorbital and preauricular regions that caused the enucleation of the left eye and loss of the auricular cartilage of the left ear. He denies pain or other symptoms.

Method: Complementary tests: - Serology blood test: Hepatitis B surface antigen (HBs Ag): negative, Hepatitis C Virus (HCV) Antibody, IgG: positive, Human immunodeficiency virus (HIV) antibodies: negative, TP-RPR (Syphilis): negative, TP-TPHA (Syphilis): positive 1/160, TP-FTA-ABS (Syphilis): positive (+++) - Skin lesion biopsy: chronic dermatitis with intense plasma cell infiltrates. - Lumbar puncture: the patient denies the procedure

Results: Diagnosis: Gumma – tertiary syphilis Differential diagnosis: other types of Treponematoses, Leprosy, Cutaneous Tuberculosis, Squamous-cell carcinoma, Basal-cell carcinoma

Conclusions: In this case, the positive treponemal serology combined with the negative reaginic tests confirmed the tertiary syphilis. Due to the denial of the lumbar puncture procedure, we could not discard Neurosyphilis, which is the most frequent complication of the untreated syphilis. A 3 weeks treatment with Benzathine benzylpenicillin was started, at a weekly dose of 2.4 million units. At this moment the patient presents a clinical improvement of the skin lesions, as we evaluate the treatment response with new treponemal serology tests.