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Medical Imagery

Congenital pemphigus syphiliticus

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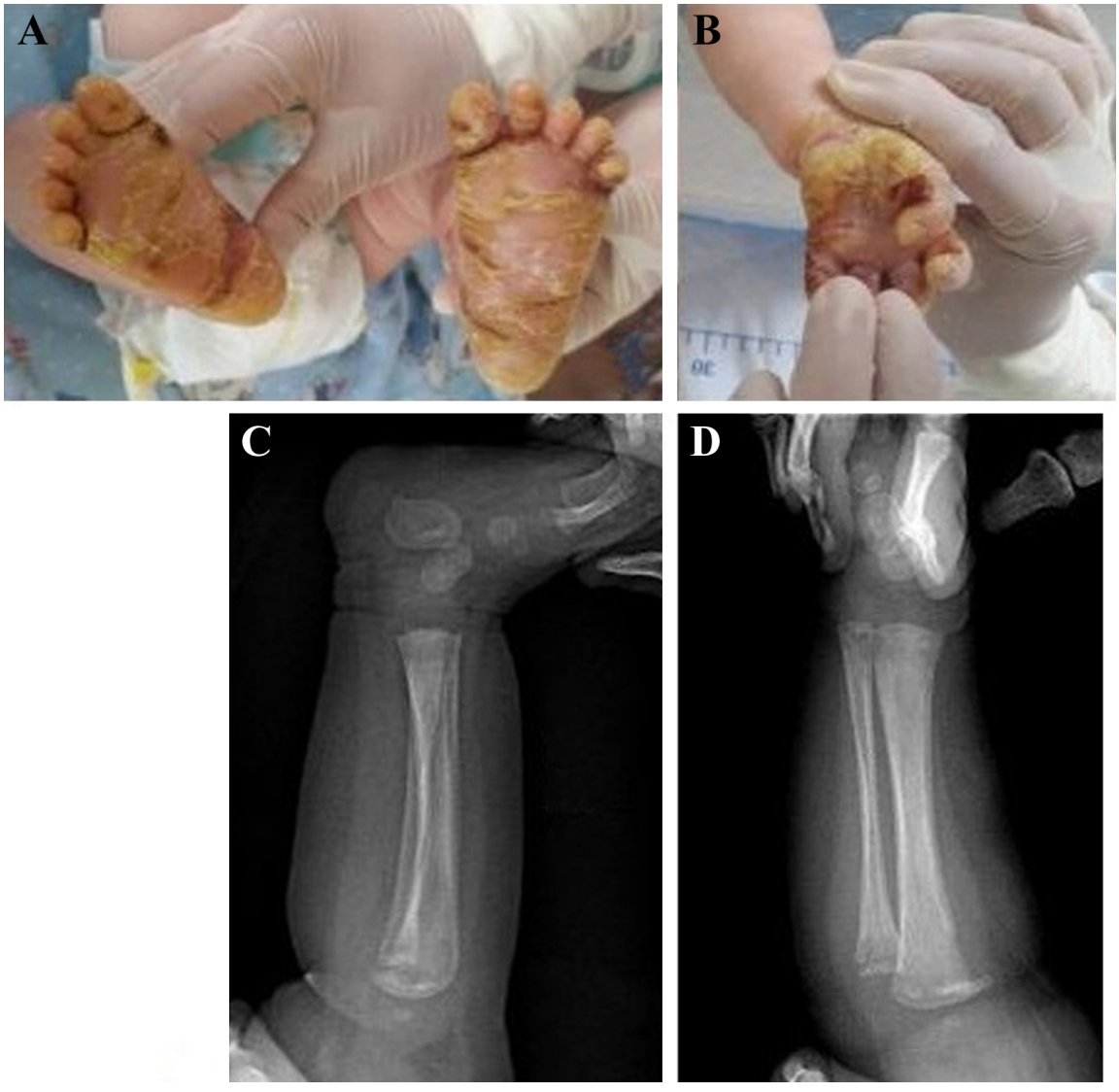

Figure 1. Congenital pemphigus syphiliticus in a female infant: panels A and B show multiple ulcerated lesions on the limbs; panels C and D show destruction of the metaphyses.

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A 52-day-old full-term female infant born in a village had skin rashes and pustules that progressed to ulcers and was admitted to the hospital. A physical examination was notable for multiple ulcerated lesions on the limbs (Figure 1A, B). A more detailed medical history was taken from the parents. They had both been diagnosed with syphilis 1 year ago and insisted that they had been cured. The mother denied sexual promiscuity; she had received limited prenatal care due to educational and economic reasons.

The infant's *Treponema pallidum* hemagglutination assay (TPHA) showed a titer of 1:128, and the rapid plasma reagin (RPR) titer was 1:64 (the mother's RPR titer was 1:16). Serological testing for syphilis revealed a positive IgM result. An HIV serotest was negative. Neurological examinations (including cerebrospinal fluid testing) did not reveal any abnormalities. Upper and lower limb radiology revealed destruction of the metaphyses (Figure 1C, D). Abdominal and cardiac ultrasound showed no abnormalities. Congenital pemphigus syphiliticus was confirmed based on the clinical examination, TPHA, RPR, and family epidemiological history. The ulcerated skin lesions resolved following 16 days of antibiotic treatment (penicillin).

Congenital syphilis is common among the diseases transmitted from mother to child and occurs worldwide; however, it is underreported and difficult to control.[1] In a recent investigation in China among 360 pregnant women with syphilis, 34 infants (9.4%) were diagnosed with congenital syphilis.[2] Pemphigus as a major clinical manifestation of congenital syphilis is rare.[3,4] It has been reported that pemphigus syphiliticus can be misdiagnosed as pemphigus vulgaris, which is a bullous disease linked to viral infections.[5] Timely diagnosis and effective treatment are vital for these cases with congenital pemphigus syphiliticus.

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Conflict of interest: None.

Contributions

Study design: Pan Zhao and Hongmei Tang; data collection: Hongmei Tang; data analysis: Hongmei Tang, Jing Chen, and Lichang Liu; manuscript writing: Pan Zhao.

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