

A skin rash with multiple pulmonary nodules



A 37-year-old man presented with a 2-week history of fever and thoracic pain. On physical examination, he presented a nonpruritic skin rash (0.2–1-cm nontender pink papules) on the trunk (figure 1a), upper extremities, face and soles of the feet, which had developed about 2 months previously. He also had multiple palpable and painful lymph nodes. Additional history revealed that the patient had homosexual contact 3 months before the skin rash developed; a painless genital ulcer developed and then disappeared spontaneously.

Routine blood test results were normal. Rapid plasma reagin and Venereal Disease Research Laboratory test results were positive. Computed tomography (CT) revealed multiple ill-defined pulmonary nodules, mostly in the lower lobes of the lungs (figure 1b and c). An open lung biopsy demonstrated a peribronchovascular infiltrate and alveolar spaces filled by plasmocytes and histiocytes, without necrosis. Biopsy of a skin lesion showed the same pattern. The patient's history and clinical, laboratory and histopathological findings were compatible with secondary syphilis. The patient was treated with penicillin. 8 weeks after treatment, complete regression of the skin lesions was observed and CT findings were normal.

The prevalence of syphilis has recently increased worldwide [1]. However, pulmonary involvement in secondary syphilis is extremely rare [2, 3]. To our knowledge, only seven cases of secondary syphilis with pulmonary involvement including CT findings have been published in the English-language literature. All of these cases presented with multiple pulmonary nodules. The association of pulmonary nodules with the characteristic skin lesions may aid diagnosis and the early institution of treatment.

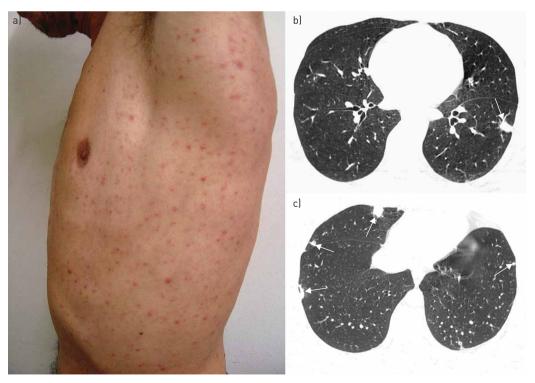
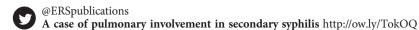


FIGURE 1 a) Photography showing skin rash on the trunk. b and c) Chest computed tomography images obtained at the level of the lower lobes showing multiple small, ill-defined nodules (arrows).



Arthur Soares Souza Jr¹, Antonio Soares Souza¹, Gláucia Zanetti² and Edson Marchiori²

¹Dept of Radiology, Medical School of Rio Preto and Ultra X, São José do Rio Preto, Brazil. ²Dept of Radiology, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil.

Correspondence: Edson Marchiori, Rua Thomaz Cameron 438, Valparaiso, CEP 25685.120, Petrópolis, Rio de Janeiro, Brazil. E-mail: edmarchiori@gmail.com

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