



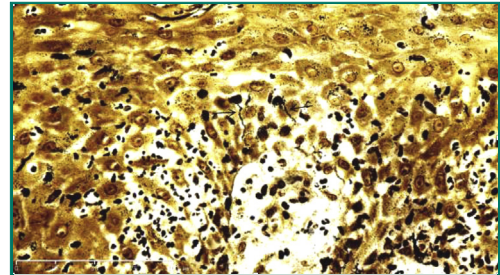
# Oyster Shell-Like Skin Lesions in a Young Man

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**A**n otherwise healthy 30-year-old man presented with oyster shell-like skin lesions (Figure 1) on his scalp, face, trunk, arms, and legs of 1 month's duration. He denied excessive alcohol ingestion or drug use. Three months ago, he had a high-risk sexual exposure. Physical examination revealed condylomata lata (Supplemental Figure 1, available online at <http://www.mayoclinicproceedings.org>) in the perineal and perianal areas. Skin biopsy revealed a dense infiltrate of lymphocytes, plasma cells, and neutrophils in the dermis. The presentation of condylomata lata and marked plasma-cell infiltration on histological examination raised the possibility of secondary syphilis. Warthin-starry stain demonstrated the presence of syphilis spirochetes (Figure 2). Rapid plasma reagin (RPR) titres were 1:32, and treponema pallidum hemagglutination (TPHA) was reactive. A diagnosis of rupioid secondary syphilis was made. Human



**FIGURE 2.** Syphilis spirochetes demonstrated with Warthin-starry stain.

immunodeficiency virus (HIV) serology results were negative. The patient was treated with 3 doses of benzathine penicillin G (2.4 million units per week) with rapid resolution of cutaneous lesions within 3 weeks without scarring (Supplemental Figure 2). Repeat RPR titer decreased to 1:8 after 6 months.

Rupioid syphilis classically affects those with compromised immune conditions, such as malnourishment and alcoholism; injection users, HIV carriers, and patients with AIDS are also at risk.<sup>1</sup> In rare cases, it can also appear in immunocompetent patients, as in our case. Attention should be paid to prevent secondary infection when examining skin lesions. First-choice treatment is 3 consecutive weekly intramuscular injections of benzathine penicillin. Intravenous penicillin G for 14 to 21 days needs to be considered if the patient is HIV-coinfected.<sup>1,2</sup> Treatment can cause severe Jarisch-Herxheimer reaction.<sup>1</sup>



**FIGURE 1.** Multiple erythematous plaques with conical, oyster shell-like, dirty-appearing, hyperkeratotic crusts on the scalp and face.

## SUPPLEMENTAL ONLINE MATERIAL

Supplemental material can be found online at <http://www.mayoclinicproceedings.org>. Supplemental material attached to journal articles

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