IMAGE CHALLENGE

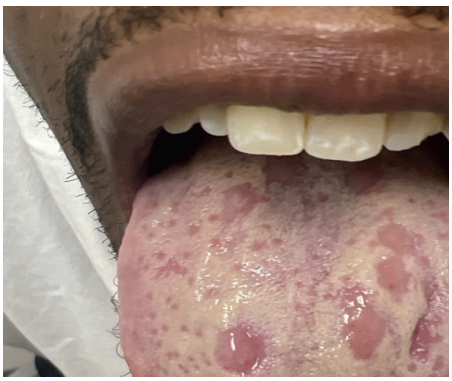
DR. TALEBI-THER M. MD

INFECTIOUS DISEASES SPECIALIST

IUMS

CASE 1

- 29-year-old man with well-controlled human immunodeficiency virus (HIV) infection presented to the HIV specialty clinic with a 1-week history of a painful, whitish discoloration on his tongue.
- He also reported a 4-week history of painful ulcers on the scrotum. Physical examination showed smooth, pink, guttate macules on the tongue that were within a white coating that



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- Empirical treatment for suspected oral candidiasis was initiated, but the patient's tongue pain did not abate.
- What is your diagnosis?

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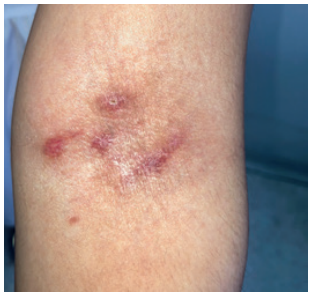
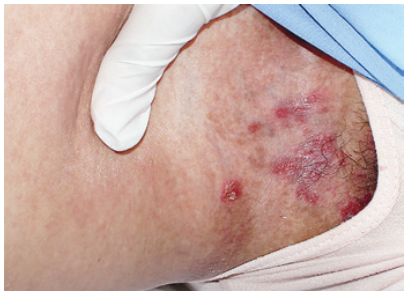
- Four days later, the results of testing performed on the day of presentation showed a serum rapid plasma reagin titer of 1:32 and a positive *Treponema pallidum* particle agglutination assay.
- A diagnosis of *plaques en prairie fauchée* ("mowed meadow") tongue lesions in secondary syphilis was made.
- The oral manifestations of syphilis are diverse and may mimic other conditions, which makes diagnosis challenging.
- The mowed-meadow pattern of tongue lesions in secondary syphilis refers to the presence of depapillated patches of mucosa within a white layering on the posterior tongue.
- Treatment with a single dose of penicillin G benzathine was given.

CASE 2

- 25-year-old woman with systemic lupus erythematosus (SLE) presented to the dermatology clinic with a 3-month history of a rash on her arms, legs, and groin. She had been having condomless sexual intercourse with one male partner during the year preceding presentation.
- Physical examination was notable for erosive, violaceous plaques in the antecubital fossae (Panel A, left arm), popliteal fossae (Panel B), and inguinal regions (Panel C, right groin). There were also scaly erythematous patches on both palms.

CASE2





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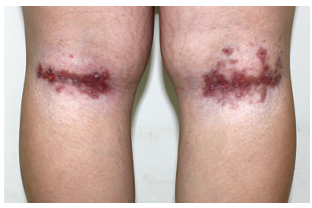

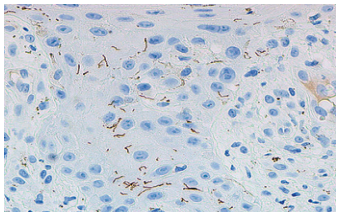

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- A *Treponema pallidum* hemagglutination assay was positive, and the rapid plasma reagin (RPR) titer was 1:128. Immunohistochemical staining of a skin-biopsy sample of the right inguinal crease was positive for *T. pallidum* (Panel D). A diagnosis of secondary syphilis with an intertriginous rash was made.
- In patients with immunosuppression, the rash of secondary syphilis can be highly variable and atypical.
- Treatment with benzathine penicillin G and counseling on safe-sex practices were given.

CASE3

- 26-year-old man presented to the emergency department with a 1-week history of fevers and bloody stools.
- He had had condomless receptive anal intercourse with a new male partner 3 weeks before presentation.
- On physical examination, there was a small external hemorrhoid but no abdominal pain, genital lesions, or inguinal lymphadenopathy.

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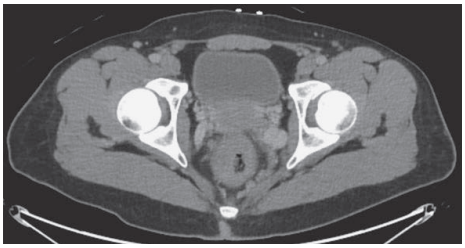

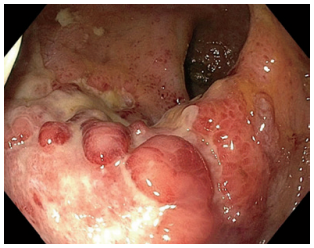

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- Computed tomography of the pelvis showed thickening of the wall of the rectum (Panel A, asterisk) and perirectal lymphadenopathy — findings that suggested infectious proctitis, inflammatory bowel disease, or rectal cancer. A subsequent flexible sigmoidoscopy showed nodular mucosa with erythema and ulceration in the distal rectum.

CONT'

- A nucleic acid amplification test for c.*trachomatis* that was performed on a rectal swab was positive.
- A diagnosis of chlamydial proctitis was made.
- Testing for other sexually transmitted infections identified positivity for human immunodeficiency virus, with a CD4 cell count of 551 per cubic millimeter (reference range, 560 to 1840) and a viral load of 129,000 copies per milliliter (lower limit of detection, 20).
- Treatment with doxycycline and antiretroviral drugs was initiated. Five days later, the rectal symptoms had resolved.