

## VISUAL IMAGE OF PRISON HEALTH CARE

# Moth eaten alopecia as a manifestation of secondary syphilis

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### CLINICAL CASE

This case refers to a 18 year old male, from Peru, who was admitted to our facility in May 2012. Upon admittance he denied any pathological history of interest. He reported alcohol consumption of 150 g during the weekends and occasional smoking of heroin. As far as sexual habits are concerned he admitted to be heterosexual and having had several partners, frequently in the context of ethylic intoxication without any preventive measures.

The physical examination revealed a series of macular lesions mostly located in the thorax, which were first thought of as *Pytriasis rosea*. Blood tests were performed according to the admittance protocol: blood count, biochemistry and serology for HIV, hepatitis and syphilis, thereby detecting *Treponema pallidum* reaginic antibodies 1/8 and *Treponema pallidum* positive treponemal antibodies without any other alteration regarding the rest of results.

Upon new questioning the patient denied having presented any of the manifestations of primary syphilis although many alopecia plaques were observed on the scalp, irregularly distributed without scarring features, inflammatory signs nor peeling, smaller than 1 cm wide, with poorly defined borders, not completely lacking hair and predominantly in the temporal and occipital regions (see Figures 1 and 2).

This manifestation had already been noticed by the patient himself, five days ago upon a hair cut but not before.

The dermatological lesion hereby described corresponds to moth-eaten alopecia an infrequent sign of secondary syphilis.

It was treated with a single dose of 2,400,000 IU of Penicilin G Benzathine and posterior clinical and serological monitoring was performed.

It is considered that alopecia totally disappears without any complications about three months after treatment<sup>1</sup>.



Figure 1. Diffuse moth-eaten alopecia right temporal region.



Figure 2. Diffuse moth-eaten alopecia left temporo-occipital region.

The incidence of syphilitic infection among the imprisoned population is higher than in the general population<sup>2</sup>. Alopecia is an infrequent manifestation of secondary syphilis<sup>3</sup>, it has been estimated that it can affect between 4% and 11% of all cases according to diverse publications<sup>4-5</sup> and it can present both diffuse and moth-eaten patterns<sup>6</sup>.

Although syphilis is infrequent in the differential diagnosis of alopecia, secondary syphilis must be considered in a high risk epidemiological context.

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