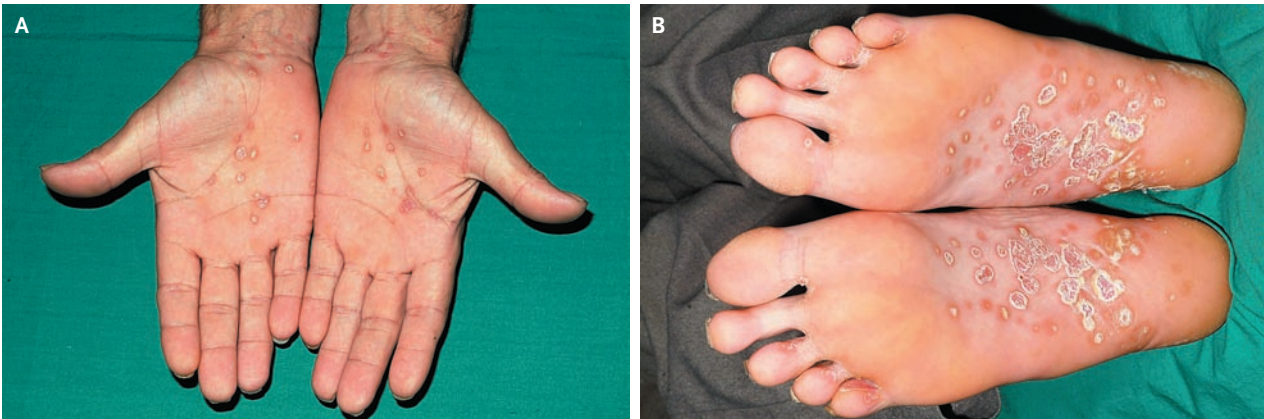


IMAGES IN CLINICAL MEDICINE

Keratoderma Blennorrhagica



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A 55-YEAR-OLD BISEXUAL MAN PRESENTED WITH A FEW WEEKS' HISTORY of lethargy followed by the onset of a widespread nonpruritic rash that covered much of his body, including the palms (Panel A). Vesiculopustular waxy lesions consistent with keratoderma blennorrhagica were present on the soles (Panel B). Eight weeks before the onset of these symptoms, the patient had an episode of diarrhea that was associated with bleeding from the rectum. Colonoscopy at that time revealed moderate proctitis; no causative agent was identified, and the symptoms resolved without specific therapy. A rapid plasma reagin test was positive at 1:64. A *Treponema pallidum* agglutination test and IgG and IgM enzyme immunoassays were also positive. The patient reported having had no primary chancre. He was treated with a single dose of intramuscular benzathine penicillin, and both the rash and the keratoderma resolved. Testing for the human immunodeficiency virus was negative. Keratoderma blennorrhagica may be associated with a variety of sexually transmitted or gastrointestinal pathogens and should prompt appropriate diagnostic testing.

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CORRECTION

Keratoderma Blennorrhagicum–like Rash

To the Editor: Tonna and Laing (May 15 issue)¹ describe a patient with secondary syphilis. I question the authors' use of the term "keratoderma blennorrhagica," which are the psoriasiform and vesicular pustular lesions of the palms and soles seen in Reiter's syndrome, along with symptoms involving the joints, eyes, and urinary tract. Although similar, the lesions depicted in this Image in Clinical Medicine appear to be the typical symmetric papules and plaques with collarette scales (i.e., Bielt collarettes) seen on the palms and soles in secondary syphilis. The lesions shown appear to be classic and pathognomonic for secondary syphilis.

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References

1. Tonna I, Laing RBS. Keratoderma blennorrhagica. *N Engl J Med* 2008;358:2160-2160.

The authors reply: We agree with Lombardo that the term "keratoderma blennorrhagicum" is often used in conjunction with Reiter's syndrome. However, syphilis can mimic a number of conditions, and as Lombardo suggests, the lesions look similar to keratoderma. We wanted to make the point that when someone presents with such a rash on the soles, the differential diagnosis should include secondary syphilis.

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