

## Quiz

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A 42-year-old gentleman was admitted to the hospital for fever and cough. He was homosexual and had multiple sexual partners with unprotected active and passive sexual intercourse. He also had mildly itchy rash over the thighs for the recent two weeks. Over-the-counter topical steroid was used, but the lesions did not respond. On physical examination, there were scaling papules and plaques over both anterior thighs, with sparing of trunk, upper limb and face (Figures 1 and 2). There were multiple 0.5-1 cm oval, hyperpigmented macules over both palms and soles. The genitalia and oral mucosa were spared and the patient was otherwise well. Incisional skin biopsy was performed over his thigh and histopathological sections were shown in figures 3 and 4.



**Figure 1.** Papulosquamous eruption over both anterior thighs.



**Figure 2.** Close up view over left thigh.

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**Social Hygiene Service, Department of Health,  
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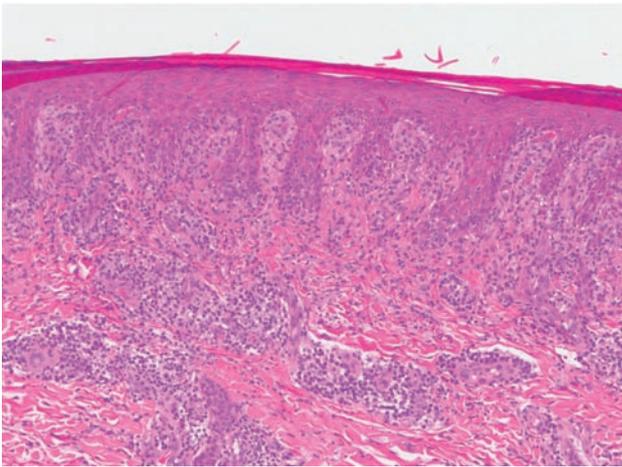
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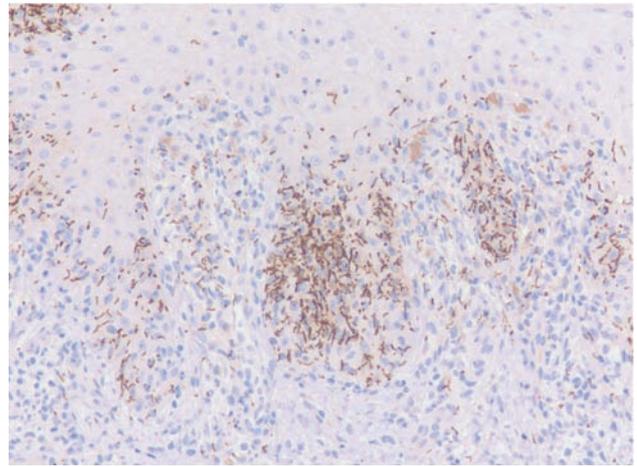
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**Figure 3.** H&E stain, low-power view.



**Figure 4.** Immunohistochemical staining for *Treponema pallidum*.

## Questions

- 1) What are the clinical differential diagnoses?
- 2) What are the histopathological features?
- 3) What is your diagnosis?
- 4) What is the management plan?

(Answers on page 237)

## Announcement

### **Application for Annual / Exit Assessment, June 2011 Specialty Board of Dermatology & Venereology Hong Kong College of Physicians**

Please be reminded that the application for the Annual / Exit Assessment, June 2011 is now open to the eligible candidates, who should be:

1. Registered trainees in Dermatology & Venereology, Hong Kong College of Physicians
2. Qualified for / will be able to qualify for the Annual / Exit Assessment by 30 June 2011

Those who wish to attend the Assessment should complete the Higher Physician Training (HPT) Annual Assessment Application Form or the Higher Physician (HPT) Exit Assessment Application Form plus Testimonial to the Examination Co-ordinator of the Specialty Board of Dermatology & Venereology on time according to the requirement of HKCP. You may refer to the website of Hong Kong College of Physicians [www.hkcp.org/](http://www.hkcp.org/) for detail. Late applicant will not be able to sit for the assessment.

Dr. HO King-man  
Chairman  
Specialty Board (Dermatology & Venereology)  
Hong Kong College of Physicians

**Answers to Dermato-venereological Quiz on pages 228-229**

- 1) The clinical differential diagnoses include secondary syphilis, psoriasis, eczema, lichen planus and drug eruption.
- 2) Histopathological section showed a psoriasiform lichenoid reaction pattern with histiocytes in the papillary dermis and a dense perivascular plasma cells infiltrate. Immunohistochemical staining for *Treponema pallidum* showed multiple spirochaetes in the dermal-epidermal junction.
- 3) The diagnosis is secondary syphilis. Serological tests for syphilis revealed positive enzyme immunoassay-*Treponema pallidum* and Treponema Pallidum Particle Agglutination (TPPA) tests. The Venereal Disease Research Laboratory test (VDRL) titre was 1:128 and the patient was subsequently found to have positive human immunodeficient virus (HIV) antibody.
- 4) Multidisciplinary team approach including physicians with expertise in Venereology, HIV medicine and Infectious Disease is essential. In patients with positive HIV serology and secondary syphilis, lumbar puncture should be performed to rule out neurosyphilis and the patient should be treated according to the stages of disease. Current recommended first-line treatment for early syphilis (primary, secondary or early latent syphilis) in Hong Kong is intramuscular procaine penicillin 0.6 megaunit daily for 10 equivalent doses or intramuscular benzathine penicillin 2.4 megaunit weekly for two doses. In case of neurosyphilis, the patient should be admitted for inpatient treatment with intravenous benzyl penicillin 3 megaunit every 4 hour and oral probenecid 500 mg four times daily for 21 days. Besides, partner notification and contact tracing play an important role in controlling the spread of sexually transmitted disease in the community.