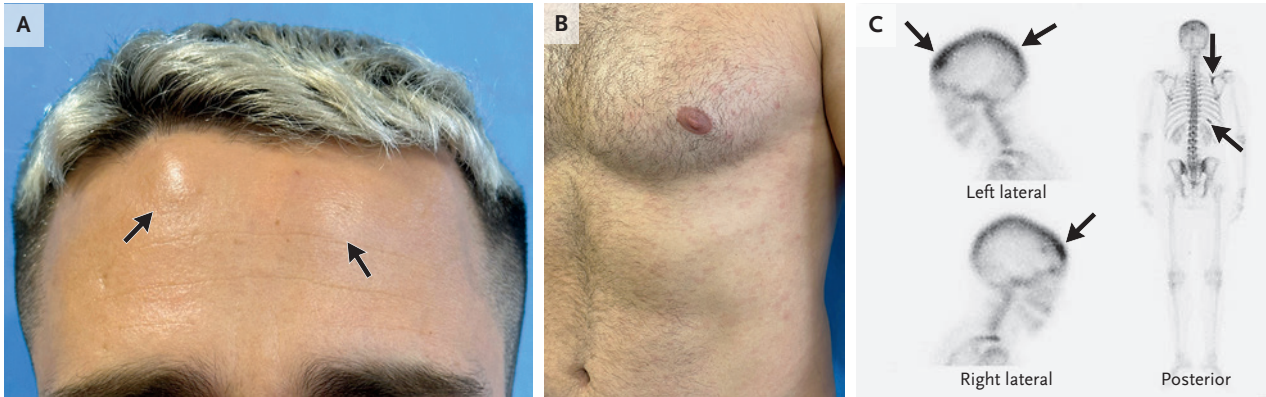


## IMAGES IN CLINICAL MEDICINE

Stephanie V. Sherman, M.D., *Editor*

## Secondary Syphilis with Osteitis



Blanca Santos Latasa, M.D.  
Javier Perez-Bootello, M.D.

Hospital Universitario Ramon y Cajal  
Madrid, Spain  
jpbootello@gmail.com

This article was published on October 5,  
2024, at NEJM.org.

A 32-YEAR-OLD MAN WITH WELL-CONTROLLED HUMAN IMMUNODEFICIENCY virus infection presented to the emergency department with a 1-month history of painful bumps on his forehead. Six months before presentation, testing for syphilis had been negative. In the 3 months before presentation, he had condomless sex with four male partners. Physical examination was notable for two firm, tender nodules on the forehead (Panel A, arrows). A macular rash was seen on the torso (Panel B). A computed tomographic scan of the head showed two frontal, subgaleal lesions with lytic bone involvement. A bone scan with technetium-99m-labeled methylene diphosphonate showed uptake in the two frontal lesions, the occiput, and the scapula and 11th rib on the right side (Panel C, arrows). A rapid plasma reagin (RPR) titer was 1:32, and a *Treponema pallidum* particle agglutination assay was positive. Owing to concern about possible cancer, a bone biopsy was planned. However, the bone lesions and rash rapidly abated after one dose of penicillin G benzathine and completely resolved by the third dose. A final diagnosis of secondary syphilis with osteitis was made. Although secondary syphilis is treated with a single dose of penicillin, three doses were given in this case owing to therapeutic uncertainty regarding the osteitis. A repeat bone scan that was performed 6 months after the completion of treatment was normal, and a repeat RPR titer was 1:1.

DOI: 10.1056/NEJMicm2405995

Copyright © 2024 Massachusetts Medical Society.