Asymptomatic Plaques on Toe Web

Diagnosis: Secondary Syphilis, Pedal Interdigital Condylomata Lata

The patient took the rapid plasma reagin (RPR) test and the Treponema pallidum particle agglutination assay (TPPA) test. The RPR test was positive (titer, 1:32), as was the TPPA test. However, the patient denied any unsafe sexual practice with anonymous partners, and claimed no history of a painless ulcer on his penis.

Intramuscular benzathine penicillin, 2.4 million U per week for 1 month, was prescribed for the patient. The lesions improved after 7 days, and the complete resolution of the pedal and anal lesions was observed after 1 month.

Syphilis is a sexually transmitted disease (STD), and the incidence of this disease has greatly increased in China [1]. The asymptomatic and atypical nature of the syndrome make syphilis difficult to diagnose. Condylomata lata are extremely infectious, moist papules commonly seen in secondary syphilis [2]. The lesions are usually located on warm intertriginous areas such as the axillae, genitalia, perianal area and gluteal folds. However, pedal interdigital condylomata lata occurs less frequently. Syphilis mimics tinea pedis so accurately that when moist pedal interdigital lesions fail to respond to antifungal therapy, it is necessary to suspect the possibility of syphilis. The macerated skin surfaces between the toes that result from fungal infection offer an ideal place for Spirochaeta pallida to locate and form papules, and in some cases, closely resemble condylomata lata.

This patient had a long history of tinea pedis and had been treated for a pedal fungus infection for 2 weeks without improvement (Figure 1). His anal condylomata lata (Figure 2) occurred almost at the same time. Although it is uncommon to see patients who have attended clinics and have been treated for dermatophytosis when there was an associated syphilitic process present, he was still misdiagnosed. The reason behind it may be due to a lack of complaint from the patient regarding the perianal lesions and also that the local dermatologist was unaware of the presence of condylomata lata on the foot and did not give the patient a systemic examination.

Until now, approximately 30 cases of condylomata lata have been reported, most of which were black. Due to the expansion of the Chinese syphilis epidemic in recent years [3], it is possible that many syphilis patients have been misdiagnosed.

Syphilis is described as a great imitator and has the ability to mimic other diseases, such as dyshidrosis, summer itch, sarcoidosis, measles, scarlatina, and smallpox [4]. As a result, it is important to consider the diagnosis of condylomata lata when evaluating toe web lesions, particularly if the treatment is ineffective, because condylomata lata could be the sole manifestation of secondary syphilis [2, 5].
Note

Potential conflicts of interest. All authors: No reported conflicts. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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