

## Onychomadesis in a male patient with secondary syphilis

Dear Editor,

A 41-year-old male patient was admitted to our Outpatients Department complaining of a maculopapular rash, nail onychomadesis (Figure 1(a)), weight loss, anal condylomas and an initial alopecia. The papulosquamous eruption involved the trunk and the extremities, particularly evident at palms and soles. The clinical examination revealed cervical and inguinal lymphadenopathies. The patient reported persistent symptoms in the last year and an unknown number of unprotected heterosexual sex contacts in the past. Past medical history was negative for sexually transmitted infections (STIs). The patient tested positive for *Treponema pallidum* hemagglutination assay

(TPHA) while the venereal disease research laboratory (VDRL) test resulted negative, probably due to prozone phenomena. A minimal rise in C-reactive protein (8.4 mg/L; normal < 5.0) was present. Screening tests for other STIs (HIV, hepatitis B and hepatitis C) were negative, and a diagnosis of secondary syphilis was made. The patient was treated with intramuscular benzathine benzylpenicillin 2.4 million units intramuscular in three doses, one week apart (total 7.2 million units), and the three antibiotic doses were justified by the striking case-presentation and the differential diagnosis still in progress (late latent syphilis with human papillomavirus (HPV)-related condylomas). The cutaneous manifestations resolved after the first injection and the other symptoms improved after completing the three-week course of antibiotic therapy, with complete recovery of anal condylomata lata, improvement



**Figure 1.** (a) Onychomadesis in a 41-year-old male patient presenting to our Outpatients Department. (b) Improvement of the nail involvement after three doses of intramuscular benzathine benzylpenicillin.

of alopecia and weight gain. The onycholysis was still evident at one month follow-up (Figure 1(b)). Such nail involvement is uncommon in secondary syphilis. Onychomadesis is the result of spontaneous separation of the nail plate from the bed, beginning at the proximal end with subsequent shedding of the nail as the new nail grows. Other abnormalities such as koilonychia, onycholysis, leukonychia or Beau's lines can also be present and, if present, the differential diagnosis should include secondary syphilis.

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