HIV-Positive Man with Ulceronecrotic Skin Lesions
(See pages 1068–9 for the Photo Quiz)

Figure 1. Abdominal biopsy specimen showing *Treponema pallidum* on immunohistochemical stain (original magnification, ×400).

Diagnosis: malignant syphilis and coinfection with human immunodeficiency virus (HIV).

A skin biopsy was performed, and the diagnosis of syphilis was suggested by the histopathological findings (figure 1). Titers of *Treponema pallidum* were >1:64 on hemagglutination assay, and a fluorescent treponemal antibody absorption test had positive results. After treatment with intravenous penicillin G (18 million U per day), complete resolution of the skin lesions was observed, confirming the diagnosis of syphilis.

Malignant syphilis (lues maligna) is a rare manifestation of secondary syphilis. However, since the onset of the HIV infection epidemic, there have been more reports of the disease, suggesting that patients with HIV infection may be at increased risk of developing the disease [1, 2]. In patients with HIV infection who present with ulceronodular skin lesions, malignant syphilis should always be considered, although skin biopsy samples rarely show syphilis spirochete, which makes the diagnosis more challenging [3].

**Acknowledgments**

*Potential conflicts of interest.* N.Y. and A.I.: no conflicts.

Naoki Yanagisawa and Akifumi Imamura
Department of Infectious Diseases,
Tokyo Metropolitan Komagome Hospital, Tokyo, Japan

**References**


Reprints or correspondence: Dr. Naoki Yanagisawa, Dept. of Infectious Diseases, Tokyo Metropolitan Komagome Hospital, 3-18-22 Honkomagome, Bunkyo-ku, Tokyo 113-8677, Japan (nankiy@cick.jp).